

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 12, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # F62260**  
 1. Entity Name  
**RITWAY INSURANCE REPAIR SERVICE, INC.**

Principal Place of Business      Mailing Address  
 2144 JOHNSON ST                      2144 JOHNSON ST  
 HOLLYWOOD, FL 33020 US              HOLLYWOOD, FL 33020 US

**DO NOT WRITE IN THIS SPACE**



03032005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2161317**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CHAVIANO, CELESTINO  
 2144 JOHNSON ST  
 HOLLYWOOD, FL 33020

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CELESTINO, CHAVIANO 2144 JOHNSON ST HOLLYWOOD, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARRERO, GUSTAVO 2144 JOHNSON ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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00000260960  
 03/12/05-80048-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplement that report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment in an address with authority like empowered.

SIGNATURE: *[Signature]*      3-7-05      954-923-3677  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #