

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77016

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** GONZ COLLISION CENTER, INC.

**Current Principal Place of Business:**

1401 N. DIXIE HWY.  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1401 N. DIXIE HWY.  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 59-2204412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ROBERT I.  
7603 PINE TREE LANE  
WEST PALM BEACH, FL 33406 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PDST  
Name: GONZALEZ, ROBERT I  
Address: 1401 N DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT GONZALEZ

PDST

04/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date