

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K71863

FILED  
Feb 14, 2006  
Secretary of State

Entity Name: BUERES AUTO SERVICE, INC.

## Current Principal Place of Business:

8201 N. MIAMI AVE  
MIAMI, FL 33150

## New Principal Place of Business:

## Current Mailing Address:

8201 N. MIAMI AVE  
MIAMI, FL 33150

## New Mailing Address:

FEI Number: 65-0139257

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BUERES, EFRAIN SR  
8201 N MIAMI AVE  
MIAMI, FL 33150 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BUERES, EFRAIN SR.  
Address: 8201 N. MIAMI AVE  
City-St-Zip: MIAMI, FL 33150

Title: V ( ) Delete  
Name: BUERES, TEODORO J  
Address: 8201 N. MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33150

Title: VP ( ) Delete  
Name: BUERES, TEODORO  
Address: 3047 DAY AVE  
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete  
Name: BUERES, EFRAIN JR.  
Address: 8201 N. MIAMI AVE  
City-St-Zip: MIAMI, FL 33150

Title: VPT ( ) Delete  
Name: BUERES, ROSA  
Address: 8201 N MIAMI AVE  
City-St-Zip: MIAMI, FL 33150

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSA BUERES

VPT

02/14/2006

Electronic Signature of Signing Officer or Director

Date