

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90208 011 ***150.00

40067503



01202006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0132208 Applied For Not Applicable

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

DOCUMENT # K91778
1. Entity Name
LA FLECHA BODY SHOP, INC.



Principal Place of Business
765 NW 20TH ST
MIAMI, FL 33127

Mailing Address
765 NW 20TH ST
MIAMI, FL 33127

2. Principal Place of Business
LA Flecha Body Shop Inc

3. Mailing Address
765 NW 20 ST.

Suite, Apt. #, etc.
765 NW 20 ST

Suite, Apt. #, etc.
765 NW 20 ST.

City & State
MIAMI FL.

City & State
MIA. FL.

Zip
33127

Country
DADE

Zip
33127

Country
DADE

6. Name and Address of Current Registered Agent
MARRERO, FRANCISCO S.
765 NW 20TH ST
MIAMI, FL 33127

7. Name and Address of New Registered Agent
Name FRANCISCO MARRERO
Street Address (P.O. Box Number is Not Acceptable)
16039 SW 54 CT.
City MIRAMAR FL Zip Code 33027

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARRERO, FRANCISCO S. 301 NW 39TH AVE MIAMI, FL <i>change address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MARRERO, LUCIA E. 301 NW 39TH AVE MIAMI, FL <i>change address</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Presided</i> FRANCISCO S. MARRERO 16039 SW 54 CT MIRAMAR FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRET. TREAS.</i> LUCIA E MARRERO 16039 SW 54 CT MIRAMAR FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 with an address, with all other like empowered.

SIGNATURE: *Francisco S. Marrero* x 4/21/06 x 305-325-9556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #