

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # M16815

1. Entity Name

LAS AMERICAS AUTOSERVICE, INC.



Principal Place of Business

**2201 S.W. 122 AVENUE
MIAMI FL 33175**

Mailing Address

**2201 S.W. 122 AVENUE
MIAMI FL 33175**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number **59-2635204**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUESADA, G. FRANK
747 PONCE DE LEON BLVD.
STE. 610
CORAL GABLES FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **PERNAS, CARLOS**

STREET ADDRESS **11865 SW 26 ST. SUITE B-14**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete

NAME **RIVERA, ARISTIDES**

STREET ADDRESS **11865 SW 26 ST SUITE B-14**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete

NAME **PERNAS, DELFIN**

STREET ADDRESS **11865 SW 26 ST SUITE B-14**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete

NAME **SANTA-CRUZ, RALPH**

STREET ADDRESS **11865 SW 26 ST. SUITE B-14**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ Delete

NAME **MORALES, SILVIO R.**

STREET ADDRESS **11865 SW 26 ST. SUITE B-14**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

**1100000437202
02/28/06-80033-003 150.00**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 IRO empowered.

SIGNATURE:

Ralph Santa Cruz Sec

2/7/06

305-235-2671