
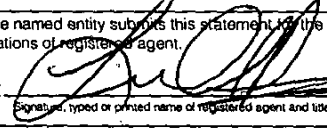
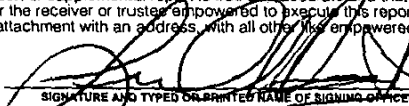


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90025 014 ***150.00

DOCUMENT # P00000046359 1. Entity Name UR-REPAIR CREDIT INC.					
Principal Place of Business 3625 NW 82 AVE 318 DORAL, FL 33166			Mailing Address 3625 NW 82 AVE 318 DORAL, FL 33166		
2. Principal Place of Business SAME AS ABOVE Suite, Apt. #, etc.			3. Mailing Address SAME AS ABOVE Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-1009772	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RUBIO, LUIS A JR 3750 W. 16TH AVENUE SUITE 102 HIALEAH, FL 33012					
7. Name and Address of New Registered Agent Name RUBIO JR, LUIS A. Street Address (P.O. Box Number is Not Acceptable) 2639 SW 145AVE City MIAMI FL Zip Code 33175					
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:  DATE: 2/13/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RUBIO, LUIS A JR <input checked="" type="checkbox"/> Delete STREET ADDRESS 3625 NW 82 AVE CITY-ST-ZIP DORAL, FL 33166			TITLE P NAME RUBIO, LUIS A JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2639 SW 145AVE. CITY-ST-ZIP MIAMI, FL 33175		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 officers empowered.					
SIGNATURE: 			2/13/06 786-277-9439 <small>Date Daytime Phone #</small>		