2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000051677 1. Entity Name LEX COLLISION, INC.

FILED SO.00 Mar 03,:2006. 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12500 SW 130 ST **BAY 7-8**

12500 SW 130 ST

MIAMI, FL 33186

BAY 7-8 MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEi Number 65-1013977 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MURILLO, CESAR A 12500 SW 130 ST

DO NOT WRITE

BAY 7-8 MIAMI, FL	. 33186			IN THIS SE	PACE
8. The above the obligat	named entity submits this statement for the plions of registered agent.	turpose of changing its registered of	ifice or r	registered agent, or both, in the State of Fi	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	l applicable (NOTE, Registered Age	ent signature	a required when reinstating;	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	° 🗆	\$5.00 May Be Added to Fees	
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURILLO, CESAR A 11923 SW 181 ST MIAMI, FL 33177	TORS		//pacon na/15/06 DO NOT W	454326 80011-003 150.00 /RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SI	PACE
TITLE 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR

3-1-06

Daytime Phone #