## FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90066 023 \*\*\*150.00

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nan	ne	# P0000053 REPAIRS INC.	3043				04-13-200.	3 90000 023 * * * 1	30.00
Principal Place of Business  12601 SW 268TH STREET HOMESTEAD, FL 33032  Mailing Address  12601 SW 268TH STREET HOMESTEAD, FL 33032								i sala siisa impani sani saasa i	
=2 Principal F	Place of Busi	ness*===================================	= :3:= Mailing :\Address	<del></del>					
1998 TILTON ROAD 1998 TILTON RO							52111 116111 116111 52111 5211 •	A MAINI NIKE TITA MATA MILAN I	URDAN IN NEWY
Suite, Apt. #, etc.						03312005	Chg-P	CR2E034 (10/03)	
City & State ORT ST WGE FL			City & State FC FC ST Wae FC		FC	4. FEI Numbe 65-1083		<u> </u>	pplied For ot Applicable
Zip 34 99	52	Country	<sup>Zip</sup> 34952	Country	,	5. Certificate	of Status Desired	S8.75 Add	
6. Name and Address of Current Registered Agent N						7. Name and	Address of New R	egistered Agent	
DENNIS, E 12601 SW HOMESTE	/ 268TH S	TREET			Street Address (P.O: Box Number is Not Acceptable)				
				City		•••		Zip Coo	le
8. The above the obligation	e named enti	ty submits this statement fo tered agent.	r the purpose of changing its	registered office	or register	ed agent, or both	n, in the State of Flo		and accept
SIGNATURE									
:	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent sign	ature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE	PD	EDUARDO	☐ Delete	TITLE				Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	12601 SV	EDUARDO V 268TH STREET EAD, FL 33032		NAME STREET ADDRESS CITY-ST-ZIP	1998	ST WILE	ICO/ID	al (Japane) Larrando Alemania (Larrando) Alemania (Larrando)	Total Control
TITLE	VD		. Delete	TITLE	1.	J. Coue.	1001132	Change	Addition
NAME STREET ADDRESS	ł .	EZ, JANET V 268TH STREET		NAME STREET ADDRESS	199	B TILTON	ROAD		Ì
CITY-ST-ZIP	HOMEST	EAD, FL 33032		CITY-ST-ZIP	Pr	st wae,	PL 34950	<u></u>	
TITLE NAME	·		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE				☐ Change	Addition
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CITY-ST-ZIP	ļ		·	CITY-ST-ZIP	<u> </u>				
TITLE NAME			☐ Delete ==	NAME				☐ Change	☐ Addition
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,	Delete	CITY-ST-ZIP				☐ Change	Addition
NAME				NAME				□ overige	nuulion
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP				** , **	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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.									
	, or on an au	achinent with an audiess, V	with air other like empowered.		. [ ]		•	ff! rec.39	Ti egra :