

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90003 042 ***150.00

DOCUMENT # P00000070023 1. Entity Name SANTI'S AUTO BODY SHOP, INC.			
Principal Place of Business 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317		Mailing Address 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317	
2. Principal Place of Business 2240 SW 70 AVE Suite, Apt. #, etc. UNIT G City & State DAVIE FL Zip 33317		3. Mailing Address 2240 SW 70 AVE Suite, Apt. #, etc. UNIT G City & State DAVIE FL Zip 33317	
4. FEI Number 65-1025469		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01272006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SANTIAGO, LATORRE 2090 SW 71 TERRACE, BAY G1 DAVIE, FL 33317		7. Name and Address of New Registered Agent Name LATORRE, SANTIAGO Street Address (P.O. Box Number is Not Acceptable) 2240 SW 70 AVE UNIT G City DAVIE FL Zip Code 33317	
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 <u>Santiago Latorre</u> <u>SANTIAGO LATORRE</u> <u>01/26/06</u> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
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 NAME STREET ADDRESS CITY-ST-ZIP	STD LATORRE, YVETTE C 2090 SW 71 TERR. DAVIE, FL 33317	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATORRE, SANTIAGO 2090 SW 71 TERR. DAVIE, FL 33317	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Santiago Latorre</u> <u>SANTIAGO LATORRE - PRES</u> <u>01/26/06</u> <u>(954) 916-0030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #	