2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000020063 1. Éntity Name ANGELINO AUTO & TRUCK REPAIR INC.



Principal Place of Business

Mailing Address

1300 GARDEN ST. KISSIMMEE, FL 34744

SIGNATURE:

1300 GARDEN ST. KISSIMMEE, FL 34744

FILED May 09, 2006 8:00 am Secretary of State

05-09-2006 90071 015 ***150.00

40089286

4. FEI Number



DO NOT WRITE IN THIS SPACE

04282006	No Chg-P	CR2E034	(11/05)

NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

Applied For

Daytime Phone 4

--6.-Name and Address of Current Registered Agent—

ANGELINO, ENRIQUE 13136 LOS ANGELES WOODS CIR. ORLANDO, FL 32824

DO NOT WRITE IN THIS SPACE

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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 reinstating) OATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELINO, ENRIQUE 213 ALYDAR CT. ORLANDO, FL 32824						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 without address, with all other like empowered.							

OF SIGNING OFFICER OR DIRECTOR