


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State

05-27-2004 90015 012 ***150.00

DOCUMENT # P01000068608	
1. Entity Name MIAMI REPAIRS INC	

Principal Place of Business 11820 SW 273 ST HOMESTEAD, FL 33032	Mailing Address 11820 SW 273 ST HOMESTEAD, FL 33032
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24077239



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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05142004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-1121938	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CASTRO, ROBERTO 11820 SW 273 ST HOMESTEAD, FL 33032	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P CASTRO, ROBERTO 11820 SW 273 ST HOMESTEAD, FL 33032	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: ROBERTO CASTRO  **5/24/04 (305) 219-9208**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



Division of Corporations

Annual Report

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Document Number
P01000068608
Business Entity Name
MIAMI REPAIRS INC

FEI Number

651121938

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No

Principal Place of Business

Address

11820 SW 273 ST

Suite, Apt. #, etc.

City, State

HOMESTEAD**FL**

Zip Code & Country

33032

Mailing Address

Address

11820 SW 273 ST

Suite, Apt. #, etc.

City, State

HOMESTEAD**FL**

Zip Code & Country

33032

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

CASTRO**ROBERTO**

-or- RA Business Name

Address

11820 SW 273 ST

Suite, Apt. #, etc.

City, State

HOMESTEAD**FL**

Zip Code & Country

33032

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Roberto S Castro

Continue

Reset