

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000118702

1. Entity Name  
COMPLETE COMMERCIAL REPAIR, INC.



**FILED  
Apr 27, 2007 8:00 am  
Secretary of State**

04-27-2007 90178 004 \*\*\*150.00

Principal Place of Business  
1461 SW 12TH AVE, BAY F  
POMPANO BEACH, FL 33069

Mailing Address

1461 SW 12TH AVE, BAY F  
POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box # **2175 N. Andrews Ave.**  
Suite, Apt. #, etc. **Suite 7**

3. Mailing Address

**2175 N. Andrews Ave.**  
**Suite 7**

City & State  
**Pompano Beach, FL**

City & State

**Pompano Beach, FL**

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

**USA**

6. Name and Address of Current Registered Agent

MORALES, JOHN JR  
1461 SW 12TH AVE, BAY F  
POMPANO BEACH, FL 33069

7. Name and Address of New Registered Agent

Name  
**John Morales**

Street Address (P.O. Box Number is Not Acceptable)

**2175 N. Andrews Ave.,**  
**Suite 7**

City

**Pompano Beach**

FL  
**33069**

Zip Code

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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$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	PSTD <b>MORALES, JOHN JR.</b> 2574 NW 88TH TERRACE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	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
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 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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07

954-542-1793

Date

Daytime Phone #