



2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2007 90178 004 ***150.00

DOCUMENT # P01000118702 1. Entity Name COMPLETE COMMERCIAL REPAIR, INC.					
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.		3. Mailing Address 2175 N. Andrews Ave.			
Suite, Apt. #, etc. Suite 7		Suite, Apt. #, etc. Suite 7		04182007 Chg-P CR2E034 (12/06)	
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 04-3588457	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Zip Code 33069	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007, 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	PSTD MORALES, JOHN JR. 2574 NW 88TH TERRACE CORAL SPRINGS, FL 33065		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/24/07 Daytime Phone # 954-562-1793		