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May 05, 2003 8:00 am
Secretary of State
05-05-2003 91162 011 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000004528

1. Entity Name
A.L.C.A. REPAIR CORPORATION

Principal Place of Business	Mailing Address
2846 W. 73RD ST. HIALEAH, FL 33018	2846 W. 73RD ST. HIALEAH, FL 33018

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6991 NW 51 ST	1846 SW 163 Ave.
Suite, Apt. #, etc. #1	Suite, Apt. #, etc.
City & State MIAMI Florida	City & State Miramar Florida
Zip 33166 Country USA.	Zip 33027 Country USA

4. FEI Number 03-0448063 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, ROSINA
2846 W. 73RD ST.
HIALEAH, FL 33018

7. Name and Address of New Registered Agent

Name Rosina Martinez
Street Address (P.O. Box Number Is Not Acceptable)
1846 SW 163 AVE
City MIRAMAR FL Zip Code 33027

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 ______________________ DATE

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINEZ, ROSINA 2846 W. 73RD ST. HIALEAH, FL 33018 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition PD Rosina Martinez 1846 SW 163 AVE Miramar Fl, 33026
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: [signature] 4/30/03 (786)547 3486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #