



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90030 030 \*\*\*150.00

<b>DOCUMENT # P02000009273</b> 1. Entity Name <b>AUTOMOTIVE REPAIR SPECIALTIES, INC.</b>			
Principal Place of Business <b>7487 S.W. 82ND STREET, SUITE C 210 MIAMI, FL 33143</b>		Mailing Address <b>7487 S.W. 82ND STREET, SUITE C 210 MIAMI, FL 33143</b>	
2. Principal Place of Business <b>7535 N. Kendal Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>10194 SW 77ct</b> Suite, Apt. #, etc.	
City & State <b>Miami Florida</b>		City & State <b>Miami Florida</b>	
Zip <b>33156</b>		Zip <b>33156</b>	
Country		Country	
4. FEI Number <b>34-1419235</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAHON, TIMOTHY K 2929 EAST COMMERCIAL BLVD. PENTHOUSE E FORT LAUDERDALE, FL 33308</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>SANCHEZ, ENRIQUE F</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>7487 S.W. 82ND STREET, SUITE C 210</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>VSD</b>	NAME <b>SUAREZ, SILVINA</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>7487 S.W. 82ND STREET, SUITE C 210</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>MIAMI, FL 33143</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 <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  <b>Enrique F. Sanchez</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/22/05</b> <b>786 3468303</b> <small>Date Daytime Phone #</small>	