## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000012523

1. Entity Name

OPA LOCKA MUFFLER SHOP, INC.



Principal Place of Business

14800 N.W. 22ND AVENUE OPA LOCKA, FL 33054 Mailing Address

14800 N.W. 22ND AVENUE OPA LOCKA, FL 33054

## FILED Feb 15, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 03-0396620 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, GILBERTO 14800 N.W. 22ND AVENUE OPA LOCKA, FL 33054

## DO NOT WRITE IN THIS SPACE

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5. The above the obligat	named entity submits this statement for the patients of registered agent.	urpose of changing its registered	l office or r	egistered agent, or bo	th, in the State of Fforida. I am familiar with, and accept		
SIGNATURE_							
	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered /	lgent skynäluri	required when reinstaling)	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TOAS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUNOZ, GILBERTO 14800 N.W. 22ND AVENUE OPA LOCKA, FL 33054	·			1/00000438956 03/01/06-80026-017 150.00		
NAME STREET ADDRESS CITY-ST-ZIP	DVP CAZORLLA, MARTA E 14800 N.W. 22ND AVENUE OPA LOCKA, FL 33054						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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:

IGNATURE AND TYPED OR PEMPEU NAME OF SIGNING OFFICER OR DIRECTO

resisent 2/8/06

Daytime Phone #