

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038162

Entity Name: A.J. COLLISION, INC.

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

3503 NW 71 ST.
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

3041 EAST 10TH AVENUE
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 43-1956697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FONT, JULIE
8510 NW 190 TER
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FONT, ALBERT
Address: 3041 EAST 10TH AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: SD () Delete
Name: LAZO, LAEJANDRA
Address: 3041 EAST 10TH AVENUE
City-St-Zip: HIALEAH, FL 33013

Title: TD () Delete
Name: FONT, JULIE
Address: 3041 EAST 10TH AVENUE
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FONT, ALBERT
Address: 8510 NW 190 TER
City-St-Zip: MIAMI, FL 33015

Title: SD (X) Change () Addition
Name: LAZO, LAEJANDRA
Address: 8510 NW 190 TER
City-St-Zip: MIAMI, FL 33015

Title: TD (X) Change () Addition
Name: FONT, JULIE
Address: 8510 NW 190 TER
City-St-Zip: MIAMI, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT FONT

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date