2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000038162

1. Entity Name
A.J. COLLISION, INC.

FILED
06 MAY 16 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04282006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
3503 NW 71 ST. MIAMI, FL 33147	3041 EAST 10TH AVENUE HIALEAH, FL 33013

2. Principal Place of Business	3. Mailing Address
3503 NW 71 Street	3503 NW 71 Street
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Miami, FL 33147	City & State: Miami, FL 33147
Zip / Country	Zip / Country

4. FEI Number: 43-1956697 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FONT, JULIE 8510 NW 190 TER MIAMI, FL 33015	Name: ALEX Y. ROSSO Street Address (P.O. Box Number is Not Acceptable): 3503 NW 71 Street City: Miami FL 33147

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: Alex [illegible] 05/05/06.
Signature of new registered agent, if applicable (NOTE: Registered Agent's signature required when adding new registered agent) DATE

Amended AR is $61.25

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 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FONT, ALBERT 8510 NW 190 TER MIAMI, FL 33015	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX Change ☐ Addition PD ROSSO, ALEX, Y. 3503 NW 71 Street, Miami FL 33147
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAZO, LAEJANDRA 8510 NW 190 TER MIAMI, FL 33015	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FONT, JULIE 8510 NW 190 TER MIAMI, FL 33015	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300075273823 05/25/06--01024--011 **61.25
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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: Alex [illegible] Alex Rosso. 05/05/06.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #