## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 26, 2006 8:00 am Secretary of State

DOCUMENT # P02000068107  1. Entity Name DANILO MOBIL AUTO REPAIR, INC.						01-26-200	90045	037 ***15	50.00
Principal Plac 9203-B E. Cl ORLANDO, F	OLONIAL DR.	Mailing Address 9203-B E. COLONIAL DR. ORLANDO, FL 32817					•		
	face of Business -8E. COLONIAL PR.	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202006	Chg-P	CR2E	34 (11/05)	
City & State ORLANDO , FL		City & State			4. FEI Number 03-0460626		Applied For Not Applicable		
3281	<u> </u>	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ALMANZAR, DANILO 9203-B E. COLONIAL DR. ORLANDO, FL 32817				Street Address (P.O. Box Number is Not Acceptable)  /0430 - B					
			City ORU		·//\/\		FL	Zip Code	ī
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  Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.					00 May Be ed to Fees				
10.	OFFICERS AND D		11.			CHANGES TO OF			
NAME STREET ADDRESS CITY-ST-ZIP	ALMANZAR, DANILO 9203-B E. COLONIAL DR. ORLANDO, FL 32817	□ Delete	NAME STREET ADDRES CITY-ST-ZIP	AUMI S 147 ORU	AZAR, DI 114 LAOY ANDO, F	ANILU Victoria 2. 32826	BIVO	Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY - ST - ZIP	ss				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME STREET ADDRES CITY-ST-ZIP	ss		,		☐ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that n wered to execute this report	ny signature sha as required by 0	Il have the s	same legal effe	et as if made unde	r cath: that I	am an officar	or director