

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000089307					
1. Entity Name W.I.R.E.S. AUTO REPAIR, INC.					
Principal Place of Business 12400 SW 128 ST. BAY #9 MIAMI, FL 33186			Mailing Address 12400 SW 128 ST. BAY #9 MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01312006 Chg-P CR2E034 (11/05)	
4. FET Number 22-3864785				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		
RESTREPO, WILLIAM 11910 SW 168 ST MIAMI, FL 33177			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		DATE _____	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RESTREPO, WILLIAM 11910 SW 168 ST MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000516957 05/01/06-80025-008 150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RESTREPO, ADRIANA 11910 SW 168 ST MIAMI, FL 33177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	☐ Change ☐ Addition
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, 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 any other like empowered.					
SIGNATURE: <i>William Restrepo</i>			4/01/06 (205)2321677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					