

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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|--|--|---------------------------------|--|--|--|--|--|
| DOCUMENT # P03000003882 1. Entity Name TRIPOD COLLISION & REPAIR SHOP, INC. | | | | | | FILED 06 FEB 13 PM 12:40 SEC TALL | |
| Principal Place of Business 6220 NORTHWEST 2ND AVENUE MIAMI, FL 33150 | | | | Mailing Address 6220 NORTHWEST 2ND AVENUE MIAMI, FL 33150 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent NELSON, ORES 2091 RAINESANCE BLVD #206 MIRAMAR, FL 33025 | | | | 7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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 NELSON, ORES 2091 RAINESANCE BLVD.#206 MIRAMAR, FL 33025 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice-President NELSON, ORES 6220 NW 2 AVE MIRAMAR, FL 33025 | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President DAUPHIN, HEROLD 430 NW 98 ST. MIAMI, FL 33150 | | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 100066383721 02/22/06--01026--019 ***150.00 | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | TS 2/13/04 | | | |
| 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 2/10/06 305-758-8111 Date Daytime Phone # | | | |