

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021945

Entity Name: MIR'S AUTO WORKS, INC.

FILED
Jan 18, 2006
Secretary of State

Current Principal Place of Business:

1775 S. US HWY 17-92
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1775 S. US HWY 17-92
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 38-3673880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, TERRY A ESQ.
2110 E. ROBINSON ST.
ORLANDO, FL 32803 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 ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOGHADDAM, MIR K
Address: 113 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOGHADDAM, MIR K PRESIDE
Address: 113 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SEC () Change (X) Addition
Name: MOGHADDAM, SUSAN A SECRETR
Address: 113 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708 US

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: MIR MOGHADDAM

PRES

01/18/2006

Electronic Signature of Signing Officer or Director

_____ Date