

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024244

FILED
Mar 20, 2006
Secretary of State

Entity Name: NOEL'S MUFFLER SHOP & TINTS, INC.

Current Principal Place of Business:

2347 ALIBABA AVE
OPA-LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2347 ALIBABA AVE
OPA-LOCKA, FL 33054

New Mailing Address:

FEI Number: 30-0154899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESPINOZA, NOEL
2347 ALIBABA AVE
OPA-LOCKA, FL 33054 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: P () Delete
Name: ESPINOZA, NOEL R
Address: 2347 ALIBABA AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: VP () Delete
Name: GARCIA, LISETTE
Address: 2347 ALIBABA AVE
City-St-Zip: OPA-LOCKA, FL 33054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESPINOZA, NOEL A
Address: 2347 ALIBABA AVE
City-St-Zip: OPA-LOCKA, FL 33054

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LISETTE GARCIA

VP

03/20/2006

Electronic Signature of Signing Officer or Director

Date