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Secretary of State
04-30-2007 90448 026 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041327

1. Entity Name
PRECISION COLLISION & AUTO PAINTING INC.

40091001

Principal Place of Business	Mailing Address
11719 U.S. HIGHWAY 92 EAST SEFFNER, FL 33584	11719 U.S. HIGHWAY 92 EAST SEFFNER, FL 33584
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04252007 Chg-P CR2E034 (12/06)

4. FEI Number 57-1167072 ☐ 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
MARTINEZ, AURELIO 11719 U.S. HIGHWAY 92 EAST SEFFNER, FL 33584	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: Aurelio Martinez 4-25-07
Signature, typed 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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VP MARTINEZ, MAYRA 702 WESTWOOD LANE BRANDON, FL 33511	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Aurelio Martinez 6910 williams Rd Seffner Fl 33584	☑ Change ☑ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PresiDenT Aurelio Martinez 6910 williams Rd Seffner Fl 33584	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Mayra Martinez 6910 williams Rd Seffner Fl 33584	☑ Change ☐ Addition ADDRESS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 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: Aurelio Martinez 4-25-07 813-685-2024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #