

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048925

FILED
Apr 26, 2005
Secretary of State

Entity Name: CASAVE AUTO REPAIRS, INC.

Current Principal Place of Business:

345 NW 170 ST.
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

14401 WEST DIXIE HWY
MIAMI, FL 33160

Current Mailing Address:

345 NW 170 ST.
NORTH MIAMI BEACH, FL 33169

New Mailing Address:

4931 SW 167 AVE
SOUTHWEST RANCHES, FL 33331

FEI Number: 20-0012797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLDER, IAN
345 NW 170 ST.
NORTH MIAMI BEACH, FL 33169 US

Name and Address of New Registered Agent:

DE ANGELIS, GUSTAVO
4931 SW 167 AVE
SOUTHWEST RANCHES, FL 33331 US

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: GUSTAVO DE ANGELIS

04/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLDER, IAN
Address: 4931 SW 167 AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: VD (X) Delete
Name: DE ANGELIS, GUSTAVO H
Address: 11313 NW 65 ST.
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE ANGELIS, GUSTAVO H
Address: 11313 NW 65 STREET
City-St-Zip: MIAMI, FL 33178

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 Section 119.07(3)(i), 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: GUSTAVO DE ANGELIS

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date