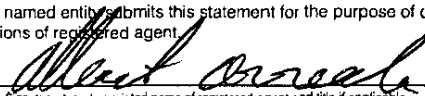
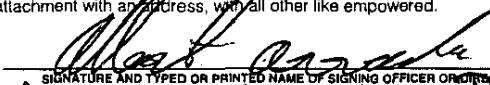


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90035 026 ***158.75

DOCUMENT # P03000057917 1. Entity Name HI-TECH COLLISION & AUTO, INC.					
Principal Place of Business 3716 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916			Mailing Address 3716 DR MARTIN LUTHER KING JR BLVD FORT MYERS, FL 33916		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CRIOLLO, DOLORES 1806 WIDE ROAD CAPE CORAL, FL 33991				7. Name and Address of New Registered Agent Name: ALBERTO ARREOLA Street Address (P.O. Box Number is Not Acceptable): 2029 S.E. 17th Place City: CAPE CORAL FL 33990	
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, 2004 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	D CRIOLLO, FRANCISCO 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ALBERTO ARREOLA 2029 S.E. 17th Place CAPE CORAL FL 33990 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIOLLO, MARIA 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.PRES JUAN RODRIGUEZ 2029 S.E. 17th Place CAPE CORAL, FL 33990 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIOLLO, VICTOR 1715 SE 8TH AVE CAPE CORAL, FL 33990	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BARBARA RODRIGUEZ 2029 S.E. 17th Place CAPE CORAL, FL 33990 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIOLLO, DOLORES 1805 WIDE ROAD CAPE CORAL, FL 33991	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. MARIA ARREOLA 2029 S.E. 17th Place CAPE CORAL FL 33990 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRIOLLO, ELIZABETH 1805 WIDE ROAD CAPE CORAL, FL 33991	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. DOLORES CRIOLLO 137 S.E. 12th PL CAPE CORAL FL 33990 ☐ 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 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 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: ALBERTO ARREOLA, PRESIDENT			Date: 1-30-05 Daytime Phone: (239) 334-2639		

44000070



01272004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0157885** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required