2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# P03000057917

Entity Name: HI-TECH COLLISION & AUTO, INC.

Current Principal Place of Business:

3716 DR MARTIN LUTHER KING JR BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

3716 DR MARTIN LUTHER KING JR BLVD
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-0157885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ARREOLA, ALBERTO
8200 BUCKINGHAM ROAD
FORT MYERS, FL 33905 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: ARREOLA, ALBERTO
Address: 8200 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: VP ( ) Delete
Name: ARREOLA, MARIA G
Address: 8200 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: S ( ) Delete
Name: MICHAELA, ARREOLA
Address: 8200 BUKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: T ( ) Delete
Name: ARREOLA, JESSE
Address: 2029 SE 17TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: O ( ) Delete
Name: ARREOLA, ALBERTO J
Address: 8200 BUCKINGHAM ROAD
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ALBERTO ARREOLA P 01/07/2008

Electronic Signature of Signing Officer or Director — Date