


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000065142
 1. Entity Name
 ZOILA AUTO REPAIRS, INC.



Principal Place of Business
 204 NW 2ND AVE
 HALLANDALE, FL 33009

Mailing Address
 2725 ALCAZOR DR.
 MIRAMAR, FL 33023

DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
 55-0836434

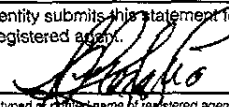
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SANCHEZ, ROSALIA M
 2725 ALCAZAR DRIVE
 MIRAMAR, FL 33023

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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:  DATE: 03-18-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

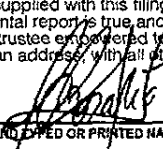
10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------|
| TITLE | DP |
| NAME | SANCHEZ, ROSALIA M |
| STREET ADDRESS | 2725 ALCAZAR DRIVE |
| CITY-ST-ZIP | MIRAMAR, FL 33023 |
| TITLE | DV |
| NAME | ALDANA, JUAN |
| STREET ADDRESS | 2725 ALCAZAR DRIVE |
| CITY-ST-ZIP | MIRAMAR, FL 33023 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000476265
 04/06/06-B0002-014 150.00

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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:  DATE: 03-18-06 954-962-0788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR