2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # P03000088700 1. Entity Name JOSE ESQUERRA AUTO REPAIR, CORP.						04-27-2005 90359 032 ***150.00				
Principal Place of Business Mailing Address										
7050 S.W. 44TTH STREET			7050 S.W. 44TTH STREET							
MIAMI, FL 3: 	MIAMI, FL 33155									
2 Principal P	lace of Business	- 1 2	. Mailing Address							
E. Frincipal Flace of Educations			3. Walling Address				<u> </u>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192005	Chg-P	CR2E03	4 (10/03)	
City & State			City & State			4. FEI Number 56-2386	195		_ 	plied For
Zip	Zip Country		Zip	Country		5. Certificate of			8.75 Add	itional
	6. Name and	Address of Current Regi	istered Agent			7. Name and A	ddress of New Re			
ESQUERRA, JOSE					Name					
10450 SW 25TH ST. MIAMI, FL 33165					Street Address (P.O. Box Number is Not Acceptable)					
•										
*			City			FL	Zip Code	9		
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.										and accept
SIGNATURE 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, 2005 Fee will be \$550.00 9. Election Campaign Trust Fund Control					ncing \$5 .	.00 May Be led to Fees				
	1., [OFFICERS AND DIRE	ECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE NAME	PD Delete T ESQUERRA, JOSE								☐ Change	☐ Addition
STREET ADDRESS	10450 S.W. 25TH ST.			NAM	EET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33165			CITY	'-ST-ZIP					
TITLE NAME	☐ Delete			TITLI NAM					☐ Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP			/97///	CITY	'-ST-ZIP					
TITLE NAME	☐ Delete Tit				1				Change	Addition
STREET ADDRESS	.				EET ADDRESS					
CITY-ST-ZIP				CITY	'-ST-ZIP					
TITLE NAME			☐ Delete	TITLE NAM	l l				Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP				CITY	-ST-ZIP					
TITLE NAME	i		☐ Delete	. TITLE . NAM	- 1				Change	☐ Addition
STREET ADDRESS					EET ADDRESS					
CITY-\$T-ZIP			-	"CITY	-ST-ZIP		-,,			
TITLE NAME	☐ Delete TI				I				Change	☐ Addition
STREET ADDRESS				NAM STRE	EET ADDRESS					
CITY-ST-ZIP										
12. I hereby of indicated	pertify that the info on this report or	ormation supplied with this supplemental report is true	filing does not qualify for and accurate and that n	r the exe ny signa	mption stated in Se ture shall have the	ection 119.07(3)(i), same legal effect a	Florida Statutes. I	further certife ath; that I ar	y that the in	formation or director

2. Thereby certify that the information supplied with this filling 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

Jose Esquence

04-25-2005

Day