

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State



DOCUMENT # P03000106982
 1. E Name
 AL AVERAGE REPAIR, INC

Prin Place of Business Mailing Address
 524 NW 99TH AVENUE 5243 NW 99TH AVENUE
 SUN FL 33351 SUNRISE, FL 33351



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0266527 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FA FANJUL, CAROL
 5243 NW 99TH AVENUE
 SL SUNRISE, FL 33351

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8. I, 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 qualifications of registered agent.

SIG 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
or May 1, 2006 Fee will be \$550.00

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

U00000397958
 01/30/06-80074-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	NAM	STRE	CITY
P	FANJUL, CAROL	5243 NW 99TH AVENUE	SUNRISE, FL 33351

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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 created 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 signed, or on an attachment with an address, with all other those empowered.

SIGNATURE: *[Signature]* 1/20/06 (954) 749-8295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Time Phone #)