## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000126559

FILED Apr 26, 2007 Secretary of State

Entity Name: PALM BEACH AUTO COLLISION & REPAIR CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2511 NW 1ST AVE. BOCA RATON, FL 33432 **Current Mailing Address: New Mailing Address:** 6684 GIRALDA CIR. BOCA RATON, FL 33433 FEI Number: 20-0366070 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MICHAEL J MCGOEY, CPA, INC 639 E OCEAN AVE SUITE 101 BOYNTON BEACH, FL 33435 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SOUEID, MIKE Name: Name: 6684 GIRALDA CIR. Address: Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: Title: () Change () Addition () Delete Name: MORRIS, BRUCE Name: 6612 SPRINGBOTTOM WAY, APT 285 Address: Address: BOCA RATON, FL 33433 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE SOUEID P 04/26/2007