2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005
Secretary of State

DOCUMENT# P03000126964

Entity Name: DOLLARS AUTO REPAIR INC.

Current Principal Place of Business:

8286 NW 64 ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

8286 NW 64 ST
MIAMI, FL 33166

New Mailing Address:

FEI Number: 20-0373140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPEZ, MARIA T
2700 SW 37 AVE #2
MIAMI, FL 33133 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CALLIGARI, WALTER
Address: 8286 NW 64 ST
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: RODRIGUEZ, ULISES
Address: 8286 NW 64 ST
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: CALLIGARI, JULIO CESAR
Address: 8286 NW 64 ST
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: EYHERABIDE, JUAN CARLOS
Address: 8286 NW 64 ST
City-St-Zip: MIAMI, FL 33166

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WALTER CALLIGARI DIRE 07/07/2005

Electronic Signature of Signing Officer or Director Date