

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155691

FILED
Apr 25, 2005
Secretary of State

Entity Name: NATIONAL AUTO REPAIRS, INC.

Current Principal Place of Business:

2209 N. MAIN STREET
A
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

2209 N. MAIN STREET
A
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 20-0527723 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANZI, ANTONIO
2720 PINE RIDGE CIRCLE
KISSIMMEE, FL 34746 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MANZI, ANTONIO
Address: 2720 PINE RIDGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34746 US

Title: VPSD () Delete
Name: MARTINEZ, JOEL
Address: 6676 CHERRY GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32809 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: ANTONIO MANZI

PTD

04/25/2005

Electronic Signature of Signing Officer or Director

_____ Date