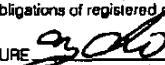


FILED
Apr 21, 2005 8:00 am
Secretary of State

03-21-2005 90127 036 ***150.00

2005 FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000048574			
1. Entity Name CAMACHO AUTO REPAIR, INC.			
Principal Place of Business 208 W EUCLID AVE DELAND, FL 32720		Mailing Address 208 W EUCLID AVE DELAND, FL 32720	
2. Principal Place of Business 1515A Newport Ave Suite, Apt. #, etc.		3. Mailing Address 1515A Newport Ave Suite, Apt. #, etc.	
City & State DeLand, FL		City & State DeLand, FL	
Zip 32724		Country Volusia	
4. FEI Number 20-0927391		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE  Miquel Camacho 3-16-05 (NOTE: Registered Agent signature required when changing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD CAMACHO, MIGUEL 208 W EUCLID AVE DELAND, FL 32720 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP President Camacho, Miguel 1515A Newport Ave DeLand, FL 32724 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Vitalo Frank 1515A Newport Ave DeLand FL 32724 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer McClemons Jeroy Jr. 1515A Newport Ave DeLand, FL 32724 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary McClemons Jeanette 1515A Newport Ave DeLand, FL 32724 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing 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:  Miquel CAMacho 3-16-05 738-7039 (386)		Date Device Phone #	