

P04000049430

LAW OFFICES
OF

J. Paul Peruyera, P.A.

9240 S.W. 72 STREET
SUITE 202
MIAMI, FLORIDA 33173

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

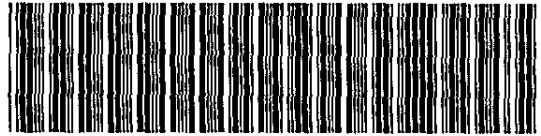
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700066951867

03/05/06 01:05 402 44 15.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR -6 PM 3:44

RA Change

03/16/06
DC

Florida Department of State,

Secretary of State

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,
Florida Statutes, the undersigned corporation organized under the laws of the State of
FLORIDA submits the following statement in order to change its registered office
or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: MIAMI COLLISION CENTER, INC.

1b. Date of incorporation 3/18/2004 Document number P04000049430

2. The name and address of the current registered agent and office:

EDUARDO A PRATS

11465 SW 101 Terrace, Miami Fl. 33176

3. The name and address of the new registered agent and office:

(P.O. Box Not Acceptable)

CARLOS DEL CASTILLO

7304 SW 42 Street, Miami Fl. 33155

The street address of its registered agent and the street address of the business office
of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by
an officer so authorized by the board.


SIGNATURE
3/1/06
DATE

Carlos Del Castillo

Typed or printed name and title

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED
IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED
AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY
WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COM-
PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT
THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE 
(Registered Agent)
DATE 3/1/06

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314