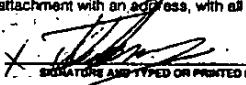


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-18-2005 90038 034 ***150.00

DOCUMENT # P04000068950 1. Entity Name JUAN CARLOS AUTO REPAIR INC.					
Principal Place of Business 2508 PATTERSON AVE KEY WEST, FL 33040			Mailing Address 2508 PATTERSON AVE KEY WEST, FL 33040		
2. Principal Place of Business 5670 Laurel Ave.		3. Mailing Address 5670 Laurel Ave.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Key West		City & State Key West		4. FEI Number 20-1250576	
Zip FL		Country Monroe		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33040		Country USA		07122005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent RAMIREZ, JUAN C 2508 PATTERSON AVE KEY WEST, FL 33040			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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, JUAN C 2508 PATTERSON AVE KEY WEST, FL 33040 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMIREZ, MERCEDES M 2508 PATTERSON AVE KEY WEST, FL 33040 ☐ 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	
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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 807, 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: 			7/12/05 (305) 293-8802		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					