


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90001 017 ***150.00

DOCUMENT # P04000068950 1. Entity Name JUAN CARLOS AUTO REPAIR INC.	
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Principal Place of Business 5670 LAUREL AVE KEY WEST, FL 33040	Mailing Address 5670 LAUREL AVE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

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07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1250576	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RAMIREZ, JUAN C 2508 PATTERSON AVE KEY WEST, FL 33040	DO NOT WRITE IN THIS SPACE
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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.

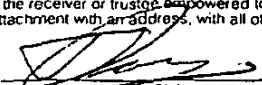
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, JUAN C 2508 PATTERSON AVE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RAMIREZ, MERCEDES M 2508 PATTERSON AVE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/21/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date