


**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P04000072230</b> 1. Entity Name <b>AMA AUTO REPAIR, INC.</b></div><div style="text-align: center;"></div></div>		<b>Secretary of State</b>																																									
<div style="display: flex; justify-content: space-between;"><div><b>Principal Place of Business</b> 2051 INDIAN ROAD WEST PALM BEACH, FL 33409</div><div><b>Mailing Address</b> 2051 INDIAN ROAD WEST PALM BEACH, FL 33409</div></div>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 100px;">DO NOT WRITE IN THIS SPACE</div>																																									
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 400px;">DO NOT WRITE IN THIS SPACE</div>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">DO NOT WRITE IN THIS SPACE</div>																																									
		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">DO NOT WRITE IN THIS SPACE</div>																																									
		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">DO NOT WRITE IN THIS SPACE</div>																																									
<b>6. Name and Address of Current Registered Agent</b>  O'CONNOR, TERRENCE 2051 INDIAN ROAD WEST PALM BEACH, FL 33409		<b>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.</b>  <b>SIGNATURE:</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;"><b>TITLE</b></td><td>P, D</td></tr><tr><td><b>NAME</b></td><td>O'CONNOR, TERRENCE</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2051 INDIAN ROAD</td></tr><tr><td><b>CITY - ST - ZIP</b></td><td>WEST PALM BEACH, FL 33409</td></tr><tr><td><b>TITLE</b></td><td>S, D</td></tr><tr><td><b>NAME</b></td><td>O'CONNOR, LAURA L</td></tr><tr><td><b>STREET ADDRESS</b></td><td>2051 INDIAN ROAD</td></tr><tr><td><b>CITY - ST - ZIP</b></td><td>WEST PALM BEACH, FL 33409</td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr><tr><td><b>TITLE</b></td><td></td></tr><tr><td><b>NAME</b></td><td></td></tr><tr><td><b>STREET ADDRESS</b></td><td></td></tr><tr><td><b>CITY - ST - ZIP</b></td><td></td></tr></table>		<b>TITLE</b>	P, D	<b>NAME</b>	O'CONNOR, TERRENCE	<b>STREET ADDRESS</b>	2051 INDIAN ROAD	<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33409	<b>TITLE</b>	S, D	<b>NAME</b>	O'CONNOR, LAURA L	<b>STREET ADDRESS</b>	2051 INDIAN ROAD	<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33409	<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY - ST - ZIP</b>		<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY - ST - ZIP</b>		<b>TITLE</b>		<b>NAME</b>		<b>STREET ADDRESS</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	P, D																																										
<b>NAME</b>	O'CONNOR, TERRENCE																																										
<b>STREET ADDRESS</b>	2051 INDIAN ROAD																																										
<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33409																																										
<b>TITLE</b>	S, D																																										
<b>NAME</b>	O'CONNOR, LAURA L																																										
<b>STREET ADDRESS</b>	2051 INDIAN ROAD																																										
<b>CITY - ST - ZIP</b>	WEST PALM BEACH, FL 33409																																										
<b>TITLE</b>																																											
<b>NAME</b>																																											
<b>STREET ADDRESS</b>																																											
<b>CITY - ST - ZIP</b>																																											
<b>TITLE</b>																																											
<b>NAME</b>																																											
<b>STREET ADDRESS</b>																																											
<b>CITY - ST - ZIP</b>																																											
<b>TITLE</b>																																											
<b>NAME</b>																																											
<b>STREET ADDRESS</b>																																											
<b>CITY - ST - ZIP</b>																																											
<b>11. 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.</b>		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 400px;">DO NOT WRITE IN THIS SPACE</div>																																									
<b>SIGNATURE:</b> <u>Terrence O'Connor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;">DO NOT WRITE IN THIS SPACE</div>																																									