2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000084081

Entity Name: AUTO REPAIR PLUS SERVICES CORP

FILED Apr 06, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5270 MILLENIA BLVD 1911 W TAFT VINELAND RD 202 ORLANDO, FL 32824 US

ORLANDO, FL 32839 US

Current Mailing Address: New Mailing Address:

5270 MILLENIA BLVD 1911 W TAFT VINELAND RD 202 0RLANDO, FL 32824 US

ORLANDO, FL 32839 US

FEI Number: 20-1178521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEMUS, JOSE A

1510 E COLONIAL DR

307

ORLANDO, FL 32803 US

ACCOUNT BOOKKEEPING CORP

5950 LAKEHURST DR

SUITE 246

ORLANDO, FL 32819 US

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.

SIGNATURE: JOSE A LEMUS 04/06/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DE SOUZA, LUCIMAR C DE SOUZA, LUCIMAR C Name: Name: 5270 MILLENIA BLVD APT 202 4900 EAGLESMERE DR APT 136 Address: Address: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32839 US City-St-Zip:

DVP Title: DVP Title: () Delete (X) Change () Addition Name: DE SOUZA, VALDERICO C Name: DE SOUZA, VALDERICO C 5270 MILLENIA BLVD APT 202 4900 EAGLESMERE DR APT 136 Address: Address: ORLANDO, FL 32839 US ORLANDO, FL 32819 US City-St-Zip: City-St-Zip:

Title: DT () Delete Title: DT (X) Change () Addition Name: DE SOUZA, EDVALDO C Name: DE SOUZA, EDVALDO C

 Address:
 5270 MILLENIA BLVD APT 202
 Address:
 4900 EAGLESMERE DR APT 136

 City-St-Zip:
 ORLANDO, FL 32839 US
 City-St-Zip:
 ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIMAR DE SOUZA DP 04/06/2005