2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094101

Entity Name: MIKE'S AUTO REPAIR SHOP, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 NEW YORK DRIVE FORT MYERS, FL 33905 **Current Mailing Address: New Mailing Address:** 400 NEW YORK DRIVE FORT MYERS, FL 33905 FEI Number: 54-2150282 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: LONDONO, MARILYN ARAUZ, MIGUEL 13180 N CLEVELAND AVENUE 400 NEW YORK DRIVE FORT MYERS, FL 33905 US FORT MYERS, FL 33903 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: MIGUEL ARAUZ 04/29/2005 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 ARAUZ, MIGUEL MR. ARAUZ, MIGUEL Name: Name: 22 PARKWOOD VILLAS CT 22 PARKWOOD VILLAS CT Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: LEHIGH ACRES, FL 33971 Title: (X) Change () Addition Title: () Delete Name: ARAUZ, MIGUEL MR. Name: ARAUZ, MIGUEL 22 PARKWOOD VILLAS CT 22 PARKWOOD VILLAS CT Address: Address: LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33971 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete ARAUZ, MIGUEL Name: Name: 22 PARKWOOD VILLAS CT Address Address: City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: () Delete Title: () Change (X) Addition ARAUZ, MIGUEL Name: Name: Address: Address: 22 PARKWOOD VILLAS CT City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971 Title: Title: () Change (X) Addition () Delete ARAUZ, MIGUEL Name: Name: Address: Address: 22 PARKWOOD VILLAS CT City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33971

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: MIGUEL ARAUZ P 04/29/2005