

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90446 024 ***158.75

DOCUMENT # P04000098437					
1. Entity Name BECERRA GENERAL MECHANIC & TIRE CARE, INC.					
Principal Place of Business 750 NE 62 STREET #207 MIAMI, FL 33138			Mailing Address 750 NE 62 STREET #207 MIAMI, FL 33138		
2. Principal Place of Business 7601 EAST TREASURY DRIVE Suite, Apt. #, etc. # 1605		3. Mailing Address 7601 EAST TREASURY DRIVE Suite, Apt. #, etc. # 1605			
City & State NORTH BAY VILLAGE, FL		City & State NORTH BAY VILLAGE		4. FEI Number 43-2056192	
Zip 33141		Country MIAMI-DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECERRA, PEDRO 750 NE 62 STREET, #207 MIAMI, FL 33138			7. Name and Address of New Registered Agent Name BECERRA, PEDRO Street Address (P.O. Box Number is Not Acceptable) 7601 EAST TREASURY DRIVE # 1605 City NORTH BAY VILLAGE FL Zip Code 33141		
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 PEDRO BECERRA 04/20/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECERRA, PEDRO 750 NE 62ND STREET #207 MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECERRA, PEDRO 7601 EAST TREASURY DRIVE # 1605 NORTH BAY VILLAGE, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		PEDRO BECERRA		04/20/2006	
<small>SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		(786) 286-7146 <small>Daytime Phone #</small>	