

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000099625 1. Entity Name <i>Trombino's Auto Repairs, Inc</i>			
Principal Place of Business 3697 S.W. 7th Street Miami, Fl. 33135		Mailing Address 1150NN.W. 72nd Ave. Suite 555 Miami, Fl. 33126	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent Oscar F. Trombino 3697 S.W. 7th Street Miami, Fl. 33135	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 11/3/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD Oscar F. Trombino 3697 S.W. 7th Street Miami, Fl. 33135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 changed, or on an attachment with an address, with all other like empowered.		SIGNATURE: <i>[Signature]</i> Oscar F. Trombino 11/3/05 305-9947537	

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TROMBINO'S AUTO REPAIRS INC..
1150 N.W. 72nd Avenue #555
Miami, Florida, 33126

November 3, 2005

Florida Department of State
P.O. Box 6327
Tallahassee, Fl., 32314

Gentlemen:

We were surprised to find out that our corporation was to be dissolved for not sending the annual report for the year 2005 as it appears we did not receive the annual report renewal from your office.

We are attaching our check for \$150.00 and respectfully request that our corporation be reinstated.

We are also attaching the annual report for the year 2005 obtained through the internet.

In order to avoid this problem in the future we have changed our mailing address to that of our accountant.

Thank you for your assistance in this matter.

Respectfully,

TROMBINO'S AUTO REPAIRS INC.


Oscar F. Trombino
President