

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113881

Entity Name: CUMI AUTO REPAIR, INC.

FILED
Feb 02, 2006
Secretary of State

Current Principal Place of Business:

5105 PHILLIPS HIGHWAY
402
JACKSONVILLE, FL 32207 US

Current Mailing Address:

5105 PHILLIPS HIGHWAY
402
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

5105 PHILLIPS HIGHWAY
705
JACKSONVILLE, FL 32207 US

New Mailing Address:

5105 PHILLIPS HIGHWAY
705
JACKSONVILLE, FL 32207 US

FEI Number: 20-1447604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOZDIC, RENEE M
7837 BRIDGESTONE TERRACE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOZDIC, SUAD OWNER
Address: 3244 KEGLER DRIVE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SVP () Delete
Name: BERISA, ISO OWNER
Address: 3760 UNIVERSITY BOULEVARD #1060
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: VP (X) Delete
Name: HOZDIC, ZUHDIA OWNER
Address: 7837 BRIDGESTONE TERRACE
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: JEO (X) Delete
Name: HOZDIC, RENEE M OFFICER
Address: 7837 BRIDGESTONE TERRACE
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SUAD HOZDIC

P

02/02/2006

Electronic Signature of Signing Officer or Director

_____ Date