

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 036 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000117818			
1. Entity Name NIKOS AUTO REPAIR, INC.			
Principal Place of Business 4131 LOUIS AVE UNIT 3 HOLIDAY, FL 34691		Mailing Address 4131 LOUIS AVE UNIT 3 HOLIDAY, FL 34691	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1492777		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TSITSAS, GEORGE 4131 LOUIS AVE UNIT 3 HOLIDAY, FL 34691		7. Name and Address of New Registered Agent Name NIKOLAOS PIZANIAS Street Address (P.O. Box Number if Not Applicable) 4131 LOUIS AVE, UNIT 3 City Holiday State FL Zip Code 34691	
8. The above named entity subscribes to this statement for the purpose of changing its registered office or registered agent for 2006. I am familiar with, and accept, the obligations of registered agent. SIGNATURE: <i>X Nikolaos Pizanias</i> DATE: 5-1-06			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Section Campaign Financing First Fund Contribution ☐ \$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-STATE-ZIP	P TSITSAS, GEORGE 4131 LOUIS AVE, UNIT 3 HOLIDAY, FL 34691 ☒ Change	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP PIZANIAS, NIKOLAOS 4131 LOUIS AVE, UNIT 3 HOLIDAY, FL 34691 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PRESIDENT PIZANIAS, NIKOLAOS 4131 LOUIS AVE, UNIT 3 HOLIDAY, FL 34691 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions provided 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment with an address, with all other, are empowered.			
SIGNATURE: <i>X Nikolaos Pizanias</i>		PRESIDENT 5-1-06	
SIGNATURE AND TYPED OR PRINTED NAME OF AUTHORIZED OFFICER OR DIRECTOR		Date	