

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90111 022 ***150.00

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| DOCUMENT # P04000120576 | |
| 1. Entity Name AUTOBAHN COLLISION OF SOUTH FLORIDA, INC | |



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| Principal Place of Business 921 N 21 AVE MIAMI, FL 33020 | Mailing Address 921 N 21 AVE MIAMI, FL 33020 |
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| 2. Principal Place of Business 921 N. 21ST AVENUE Suite, Apt. #, etc. | 3. Mailing Address 921 N. 21ST AVENUE Suite, Apt. #, etc. |
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03102005 Chg-P CR2E034 (10/03)

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| City & State HOLLYWOOD, FL | City & State HOLLYWOOD, FL |
| Zip 33020 | Country USA |

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| 4. FEI Number 20-1523970 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent RIVERO, FRANCISCO 422 SW 74TH AVENUE NORTH LAUDERDALE, FL 33068 | 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.

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| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RIVERO, FRANCISCO 422 SW 74TH AVENUE NORTH LAUDERDALE, FL 33068 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 exemption stated in Section 119.07(3)(f), 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.

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|--|----------------------|-------------------------------------|
| SIGNATURE: X | Date 04/10/05 | Daytime Phone # 754-246-0207 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |