

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90304 033 \*\*\*150.00

DOCUMENT # P04000120576

1. Entity Name

AUTOBAHN COLLISION OF SOUTH FLORIDA, INC



Principal Place of Business

921 N 21ST AVE  
MIAMI-FL 33020

Mailing Address

921 N 21ST AVE  
MIAMI FL 33020



2. Principal Place of Business

921 N 21st Avenue

Suite, Apt. #, etc.

3. Mailing Address

921 N. 21st Avenue

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City State

Hollywood FLORIDA

Zip 33020

Country

City State

Hollywood, FL

Zip

33020

Country

4. FEI Number

20-1523970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$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

Francisco Rivero

Street Address (P.O. Box Number is Not Acceptable)

10222 NW 17th Street

City

Coral Springs

FL

Zip Code

33071

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 substituting)

DATE

FILE NOW!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution: ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RIVERO, FRANCISCO ☐ Delete  
STREET ADDRESS 422 SW 74TH AVENUE  
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

TITLE VP  
NAME J. J. AREZ, Griet ☐ Delete  
STREET ADDRESS 921 North 21st Ave  
CITY-ST-ZIP Hollywood, FL 33020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P RIVERO, FRANCISCO ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10222 NW 17th Street  
CITY-ST-ZIP Coral Springs, FL 33071

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

754 246 0207