

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90099 025 \*\*\*\*\*8.75  
06-21-2005 90004 026 \*\*\*142.00

<b>DOCUMENT # P04000141689</b> 1. Entity Name <b>FLORES REPAIRS CORP</b>			
Principal Place of Business <b>962 SW 119 COURT MIAMI FL 33184</b>		Mailing Address <b>962 SW 119 COURT MIAMI FL 33184</b>	
2. Principal Place of Business <b>10831 W FLAGLER ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>10831 W FLAGLER ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b> Zip <b>33174</b> Country		City & State <b>MIAMI FL</b> Zip <b>33174</b> Country	
4. FEI Number <b>20-1785878</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLORES, PEDRO J 962 SW 119 COURT MIAMI FL 33184</b>		7. Name and Address of New Registered Agent Name <b>Pedro Flores</b> Street Address (P.O. Box Number is Not Acceptable) <b>10831 W FLAGLER ST</b> <b>MIAMI FL</b> City <b>FL</b> Zip Code <b>33174</b>	
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 <u>Pedro J. Flores</u> DATE <u>6/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES FLORES, PEDRO J 962 SW 119 COURT MIAMI FL 33184</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES FLORES, PEDRO J. 10831 W FLAGLER ST MIAMI FL 33174</b>	<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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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
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>6/13/06 (305) 300 8211</u> <small>Daytime Phone #</small>	