2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P04000155824

1. Entity Name

CITY-ST-ZIP



FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90170 012 ***150.00

MIGRAN	A AUTO REPAIR, CORP.		000						
Principal Place of Business 2230 S. STATE ROAD 7 MIRAMAR, FL 33023		Mailing Address 2230 S. STATE ROAD 7 MIRAMAR, FL 33023		50047639					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 20-257316	0			oplied For
Zip	Country	Zip	Cour	ntry	5. Certificate of Sta	itus Desired		\$8.75 Add Fee Require	
6:-Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
	O, FELIX E TATE ROAD 7 I, FL 33023 acc		Street Address		s (P.O. Box Number is N	ot Acceptable	e)		
IVIITAIVIAN	i, FL 33023, i∵								
	* ;			City				Zip Code	
. 41				,			FL	• '	
8. The above the obligat	named entity subifiles this statement tions of registered agent.	t for the purpose of changing	g its register	ed affice or regist	tored agent, or both, in t	he State of Flo	orida. ∣am	familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered ago	ent and title 4 applicable	(NOTE: Registere	ed Agent signature requi	red when runslating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Car Trust Fund C			5.00 May Be dded to Fees				
10		ID DIRECTORS	11.		ADDITIONS/CHAN	IGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	P O	☐ Delete II		E				☐ Change	☐ Addition
NAME	MERCADO, FELIX E		NAM						
STREET ADDRESS	2230 S. STATE ROAD 7			EET ADDRESS					į
CITY-ST-ZIP	MIRAMAR, FL 33023	<u></u>		/-ST-Z:P					
TITLE	VP	☐ Delete	TITL	1				☐ Change	Addition
NAME STREET ADDRESS	MERCADO, ALEXIS X 2230 S. STATE ROAD 7		MAN	EET ADDRESS					
CITY-ST-ZIP	MIRAMAR, FL 33023			(-ST-ZIP					
TITLE		☐ Delete	EITL	F				☐ Change	☐ Add tion
NAME		_ Date	NAM					Change	☐ Maganar
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CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME STREET ADDRESS			HAN SIR	re Eet address					
CITY-ST-ZIP				r-ST-ZIP					
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STREET ADDRESS				FET ADDRESS					

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 gither like empowered.

CITY-ST-ZIP

President. 954-394-6344