


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State

06-21-2006 90002 004 ***150.00

DOCUMENT # P04000160430 1. Entity Name A PLUS AUTO REPAIR, INC					
Principal Place of Business 9842 CHORLTON CIRCLE ORLANDO, FL 32832			Mailing Address 9842 CHORLTON CIRCLE ORLANDO, FL 32832		
2. Principal Place of Business 422 West OAKRIDGE RD		3. Mailing Address 422 West OAKRIDGE RD			
Suite, Apt. #, etc. ORL FL		Suite, Apt. #, etc. 102			
City & State ORL FL		City & State ORL FL			
Zip 32809		Country ORANGE		Zip 32809	
Country ORANGE		Country ORANGE			
4. FEI Number 30-0286664			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 CAMACHO, LARRY MR 9842 CHORLTON CIRCLE ORLANDO, FL 32832			7. Name and Address of New Registered Agent Name Venustiano Perez Street Address (P.O. Box Number is Not Acceptable) 422 West OAKRIDGE RD Apt 102 City ORL FL Zip Code 32809		
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><i>Venustiano Perez</i></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 reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTIAGO, ROBERT A MR 9842 CHORLTON CIRCLE ORLANDO, FL 32832	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Venustiano Perez 422 West OAKRIDGE RD Apt 102 ORL FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PR CAMACHO, LARRY MR 9842 CHORLTON CIRCLE ORLANDO, FL 32832	<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 exemptions contained 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 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><i>Venustiano Perez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-13-06</u> (407) 240-0357 <small>Daytime Phone #</small>		