2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 01-30-2006 90048 020 ***158.75 DOCUMENT # P05000003043 MICHELET PAINT & AUTO BODY REPAIR, INC. VVVVVILL Principal Place of Business Mailing Address 300 SE 9TH AVE SUITE 2 300 SE 9TH AVE SUITE 2 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 2. Principal Place of Business 3. Mailing Address 601 N.W. 3187 AUB 601 N.W.318 ADBNOOE Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) SUITE City & State 4. FEI Number Applied For <u>ao aas issa</u> Pompamo BRACH Not Applicable Zip - \$8.75 Additional 5. Certificate of Status Desired Brance <u>Brow 840</u> 33069 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIRRRE <u>Michelet</u> PIERRE, MICHELET Street Address (P.O. Box Number is Not Acceptable) 300 SE 9TH AVE SUITE 2 POMPANO BEACH, FL 33060 City Pompago BEACY 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 PiBBBG RESENT MICHELET 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE O/Preschange PIERRE, MICHELET NAME MICHELL PIRARE 300 SE 9TH AVE SUITE 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP ON N.W. 3157 AVE TITLE Suit A-7 ☐ Addition TITLE ☐ Delete COMPAND BEACY, FI. 33069. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP

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

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

☐ Addition

☐ Addition

FILED Jan 30, 2006 8:00 am