

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000005421

FILED
Jan 11, 2008
Secretary of State

Entity Name: AUTOPROS COLLISION CENTER, INC.

Current Principal Place of Business:

8024 ANDERSON RD.
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

8024 ANDERSON RD.
TAMPA, FL 33634

New Mailing Address:

FEI Number: 41-2164145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALDES, MOISES
11303 STACEY LEE CT.
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: VALDES, MOISES
Address: 11303 STACEY LEE CT.
City-St-Zip: RIVERVIEW, FL 33569

Title: DVP () Delete
Name: PHOMPSON, ANGIE
Address: 11303 STACEY LEE CT.
City-St-Zip: RIVERVIEW, FL 33569

Title: DS (X) Delete
Name: VALDES, PEDRO
Address: 405 AMANIA AVE.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change () Addition
Name: VALDES, PEDRO
Address: 405 AMANIA AVE.
City-St-Zip: BRANDON, FL 33511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MOISES VALDES

P

01/11/2008

Electronic Signature of Signing Officer or Director

Date