


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90060 004 ***158.75

DOCUMENT # P05000050566	
1. Entity Name TRIANA'S AUTO COLLISION, CORP	

Principal Place of Business 2030 S.W. 71 TERRACE DAVIE, FL 33317	Mailing Address 2030 S.W. 71 TERRACE DAVIE, FL 33317
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2. Principal Place of Business 2090 S.W. 71st Terrace	3. Mailing Address 13960 Oak Ridge Dr.
Suite, Apt. #, etc. Bay G1	Suite, Apt. #, etc.

City & State Davie, FL	City & State Davie, FL
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Zip 33317	Country USA	Zip 33325	Country USA
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01052006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent TRIANA, JOSE F 13960 OAK RIDGE DR DAVIE, FL 33325	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRIANA, JOSE F 13960 OAK RIDGE DR. DAVIE, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 life empowered.

SIGNATURE: *Jose F. Triana* **JOSE F. TRIANA** **2/1/06 (954) 472-8030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #