

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000050566

**FILED**  
**Mar 27, 2011**  
**Secretary of State**

**Entity Name:** TRIANA'S AUTO COLLISION, CORP

**Current Principal Place of Business:**

2031 SW 70TH AVE  
STE. C12  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

13960 OAK RIDGE DR  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 37-1507161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIANA, JOSE F  
13960 OAKRIDGE DR  
DAVIE, FL 33325 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TRIANA, JOSE F  
Address: 13960 OAK RIDGE DR.  
City-St-Zip: DAVIE, FL 33325

I hereby 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 all other like empowered.

SIGNATURE: JOSE FRANCISCO TRIANA

MR.

03/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date