

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90036 047 ***150.00

DOCUMENT # P05000066889 1. Entity Name UNITED CLUTCH AND BRAKE SERVICE, INC.					
Principal Place of Business 10099 NW 89 AVE. BAY #2 MIAMI, FL			Mailing Address 10099 NW 89 AVE. BAY #2 MIAMI, FL		
2. Principal Place of Business 10099 NW 89 Ave.		3. Mailing Address 10099 NW 89 Ave.			
Suite, Apt. #, etc. Bay # 2		Suite, Apt. #, etc. Bay # 2			
City & State Miami, FL		City & State Miami, FL			
Zip 33178		Country US		4. FEI Number 27-0123078	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent VENTURA, ENRIQUE J JR 255 ALHAMBRA CIRCLE- SUITE 424 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Ximeno, Beatriz Street Address (P.O. Box Number is Not Acceptable) 10099 NW 89 Ave. Bay # 2 City Miami FL Zip Code 33178		
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		Beatriz Ximeno, President 1/3/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTELLANO, LUIS 10099 NW 89 AVE. BAY #2 MIAMI, FL	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V XIMENO, RICARDO 10099 NW 89 AVE., BAY #2 MIAMI, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST XIMENO, BEATRIZ 10099 NW 89 AVE., BAY #2 MIAMI, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Ximeno, Ricardo 8210 NW 191 Street Apt H Miami, FL 33015	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Ximeno, Beatriz 8210 NW 191 Street Apt H Miami, FL 33015	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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:		Beatriz Ximeno 1/3/06 305-829-4050			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			