

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000085691

1. Entity Name
MIAMI AUTO COLLISION II INC



Principal Place of Business
**16800 S. DIXIE HWY
MIAMI, FL. 33157-4366 US**

Mailing Address
**7040 SW 44 ST
MIAMI, FL 33155 US**

DO NOT WRITE IN THIS SPACE



02222008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-3149361

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARINO, RAMON
745 SW 35 AVE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	COLLAZO, JOAQUIN JR
STREET ADDRESS	8345 SW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	VP
NAME	COLLAZO, EDITH
STREET ADDRESS	8345 SW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	SEC
NAME	COLLAZO, EDITH
STREET ADDRESS	8345 SW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	TREA
NAME	COLLAZO, EDITH
STREET ADDRESS	8345 SW 58TH STREET
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/08-80041-007 158.75

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edith Collazo EDITH COLLAZO 3/20/08 305 6654525