## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000085691

MIAMI, FL 33143 US

City-St-Zip:

Entity Name: MIAMI AUTO COLLISION II INC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	DIXIE HWY 331574366 L	S				
Current N	lailing Addres	ss:	New Maili	New Mailing Address:		
7040 SW 4 MIAMI, FL						
FEI Number: 20-3149361 FEI Number Applied For ( )		FEI Number Not Applicable ( )		Certificate of Status Desired (X)		
Name and	l Address of C	Current Registered Agent:	Name and	Address o	f New Registered Agent:	
MARINO, 745 SW 38 MIAMI, FL	5 AVE					
	named entity : e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution (  ).	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	P ( ) COLLAZO, JOA 8345 SW 58TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( ) COLLAZO, EDI 8345 SW 58TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	VPST COLLAZO, I 8345 SW 58 MIAMI, FL 3	BTH STREET	
Title: Name: Address: City-St-Zip:	SEC (X COLLAZO, EDI 8345 SW 58TH MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	TREA (X COLLAZO, EDI 8345 SW 58TH		Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: JOAQUIN COLLAZO, JR. P 05/01/2009