## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000086839

KISSIMMEE, FL 34746

City-St-Zip:

Entity Name: TOTAL REPAIRS AND CONSTRUCTION INC.

FILED Apr 21, 2008 Secretary of State

Current P	PROPERTY OF THE PROPERTY OF TH	New Principal Place of Business:	
B199 ARROWHEAD LANE KISSIMMEE, FL 34746  FEI Number: FEI Number Applied For (X)  Name and Address of Current Registered Agent:  DSORIO, ELVIRA B199 ARROWHEAD LANE KISSIMMEE, FL 34746 US  The above named entity submits this statement for the n the State of Florida.  BIGNATURE:  Electronic Signature of Registered Agent:  DFFICERS AND DIRECTORS:  Title: P () Delete  Name: OSORIO, ELVIRA Address: 3199 ARROWHEAD LANE			
Current Mailing Address:		New Mailing Address:	
FEI Number	: FEI Number Applied For (	(X) FEI Number Not Applicable ( ) Certificate of Status Desired (X)	
Name and	ARROWHEAD LANE SIMMEE, FL 34746  rent Mailing Address:  ARROWHEAD LANE SIMMEE, FL 34746  umber:  FEI Number Applied For (X)  re and Address of Current Registered Agent:  ORIO, ELVIRA ARROWHEAD LANE SIMMEE, FL 34746  US  above named entity submits this statement for the e State of Florida.  NATURE:  Electronic Signature of Registered Agent:  To Campaign Financing Trust Fund Contribution ( ).  ICERS AND DIRECTORS:  P ( ) Delete  SIGNOSCORIO, ELVIRA  SIGNOSCORIO, ELVIRA  SIGNOSCORIO DELETE  FOR ( ) Delete  SIGNOSCORIO DELETE  SIGNOSCORIO DELETE  P ( ) Delete  SIGNOSCORIO DELETE  P ( ) Delete  SIGNOSCORIO DELETE  RIOS, OSCAR D	Name and Address of New Registered Agent:	
3199 ARŔ KISSIMME The above	OWHEAD LANE E, FL 34746 US named entity submits this statement fo	or the purpose of changing its registered office or registered agent, or both,	
SIGNATU		ed Agent Date	
Election Ca	mpaign Financing Trust Fund Contribution (	).	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	OSORIO, ELVIRA 3199 ARROWHEAD LANE	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address:	( )	Title: ( ) Change ( ) Addition Name: Address:	

City-St-Zip:

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.

SIGNATURE: RAMON ROSARIO P 04/21/2008