
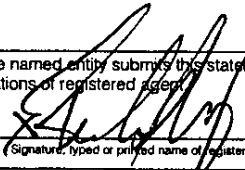
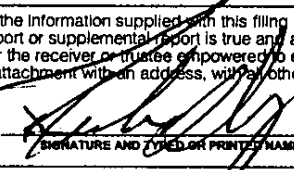


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90342 007 \*\*\*150.00

<b>DOCUMENT # P05000089619</b> 1. Entity Name <b>R &amp; I AUTO DIAGNOSTIC, INC.</b>			
Principal Place of Business <b>9350 S DIXIE HWY STE 1500 MIAMI, FL 33156</b>		Mailing Address <b>9350 S DIXIE HWY STE 1500 MIAMI, FL 33156</b>	
2. Principal Place of Business <b>6125 W 21 CT</b>		3. Mailing Address <b>6125 W 21 CT</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hialeah FL</b>		City & State <b>Hialeah FL</b>	
Zip <b>33016</b>		Zip <b>33016</b>	
Country 		Country 	
4. FEI Number <b>2843092213</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SEGREDO, FRANK J ESQUIRE SEGREDO &amp; WEISZ, ATTORNEYS AT LAW 9350 S DIXIE HWY STE 1500 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name <b>Ruben Arrojo</b> Street Address (P.O. Box Number is Not Acceptable) <b>6125 W 21 CT</b> City <b>Hialeah</b> FL Zip Code <b>33016</b>	
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  DATE <b>4/5/06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROJO, ILEANA 5354 W 26 AVE HIALEAH, FL 33016	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARROJO, RUBEN 5354 W 26 AVE HIALEAH, FL 33016	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: 		Date <b>4/5/06</b> Daytime Phone # <b>305-821-2177</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			