## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 23, 2006 8:00 am **Secretary of State** DOCUMENT # P05000127099 1. Entity Name 01-23-2006 90049 006 \*\*\*150.00 ROBERTO'S AUTO REPAIR, INC. Principal Place of Business Mailing Address 1401 - 44TH AVENUE EAST 205 - 46TH AVENUETERRACE WEST SHOP D APT. 424 BRADENTON, FL 34203 BRADENTON, FL 34207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 05-0319393 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYALA, ROBERTO A Street Address (P.O. Box Number is Not Acceptable) 205 - 46TH AVENUE TERRACE WEST APT. 424 BRADENTON, FL 34207 City Zip Code 6. 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITL F ☐ Defete TITLE ☐ Change ☐ Addition AYALA, ROBERTO A NAME NAME 205 - 46TH AVENUE TERRACE WEST APT. 424 STREET ADDRESS STREET ADDRESS CITY-ST-7IP BRADENTON, FL 34207 CITY-ST-7IP TITLE ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TID F ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete mia ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7/P CITY-ST-7IP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP

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12. Thereby certify that the information supplied with this tiling 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.

11/06 SIPMATIBE.