2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000159135

Name:

Address

City-St-Zip:

Entity Name: WESTCOAST AUTO REPAIR & DETAILING CENTER INC.

FILED Jun 08, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11728 US HWY 19 13350 US 19 N PORT RICHEY, FL 34668 US HUDSON, FL 34667 US **Current Mailing Address: New Mailing Address:** 2445 DELTONA BLVD SPRING HILL, FL 34606 US FEI Number: 20-3887905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MIELES, MANUEL S JR. MIELES, MANUEL S JR 2445 DELTONA BVLD 2445 DELTONA BVLD SPRING HILL, FL 34606 US SPRING HILL, FL 34606 US 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. SIGNATURE: MANUEL S. MIELES SR 06/08/2006 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MIELES, MANUEL S JR Name: Name: 2445 DELTONA BVLD Address: Address: City-St-Zip: SPRING HILL, FL 34606 US City-St-Zip: Title: Title: () Change () Addition () Delete Name: MIELES, MANUEL S SR. Name: 2445 DELTONA BVLD Address: Address: SPRING HILL, FL 34606 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

MIELES, MARISOL

2445 DELTONA BLVD

SPRING HILL, FL 34606 US

SIGNATURE: MANUEL S. MIELES SR. P 06/08/2006