

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000052746

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: EXPERT COLLISION CENTERS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1026 NW 159TH AVENUE  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

1026 NW 159TH AVENUE  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: 20-4705195      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVILA, RAFAEL  
1026 NW 159TH AVENUE  
PEMBROKE PINES, FL 33028      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVILA, RAFAEL  
Address: 1026 NW 159TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: V ( ) Delete  
Name: DAVILA, ZOILA C  
Address: 1026 NW 159TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Delete  
Name: DAVILA, ZOILA E  
Address: 1026 NW 159TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T ( ) Delete  
Name: DAVILA, IVA  
Address: 1026 NW 159TH AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: AO ( ) Delete  
Name: DAVILA, RAFAEL P  
Address: 1026 NW 159TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: AO ( ) Delete  
Name: DAVILA, CYNTHIA T  
Address: 1026 NW 159TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33028 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ZOILA DAVILA

Electronic Signature of Signing Officer or Director

VP

04/30/2008

\_\_\_\_\_ Date