2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# P06000094275

Entity Name: COSMETIC AUTO REPAIRS, CORP

Current Principal Place of Business:

P.O. BOX 960-515
MIAMI, FL 332960515

New Principal Place of Business:

2331 SW VALNERA ST
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

P.O. BOX 960-515
MIAMI, FL 332960515

New Mailing Address:

2331 SW VALNERA ST
PORT SAINT LUCIE, FL 34953

FEI Number: 20-5356403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FALCONI, MARIO E
10451 S.W. 30TH STREET
DAVIE, FL 333280515 US

Name and Address of New Registered Agent:

FALCONI, MARIO E
2331 SW VALNERA ST
PORT SAINT LUCIE, FL 34953 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: MARIO E FALCONI 04/14/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FALCONI, MARIO E
Address: P.O. BOX 960-515
City-St-Zip: MIAMI, FL 332960515

Title: VD ( ) Delete
Name: FALCONI, MARTHA
Address: P.O. BOX 960-515
City-St-Zip: MIAMI, FL 332960515

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: FALCONI, MARIO E
Address: 2331 SW VALNERA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VD (X) Change ( ) Addition
Name: FALCONI, MARTHA
Address: 2331 SW VALNERA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

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.

SIGNATURE: MARIO E FALCONI PD 04/14/2007
Electronic Signature of Signing Officer or Director Date