

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000138101

FILED
May 08, 2009
Secretary of State

Entity Name: EURO COLLISION BODY SHOP CORP.

Current Principal Place of Business:

374 E. 47 ST.
HIALEAH, FL 33013

New Principal Place of Business:

374 E 47 STREET
HIALEAH, FL 33013

Current Mailing Address:

1800 WEST 49TH ST
201
HIALEAH, FL 33012

New Mailing Address:

C/O LOPEZ ACCOUNTING
1800 W 49TH STREET, STE 201
HIALEAH, FL 33012 US

FEI Number: 20-5796969

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALLE, ALBERTO
374 E. 47 ST.
HIALEAH, FL 33013 US

Name and Address of New Registered Agent:

VALLE, ALBERTO
374 E 47 STREET
HIALEAH, FL 33013 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: ALBERTO VALLE

05/08/2009

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:

Title: DP () Delete
Name: VALLE, ALBERTO
Address: 374 E. 47 ST.
City-St-Zip: HIALEAH, FL 33013

Title: DV () Delete
Name: VALLE, ANA
Address: 374 E. 47 ST.
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: VALLE, ALBERTO
Address: 374 E 47 STREET
City-St-Zip: HIALEAH, FL 33013

Title: DV (X) Change () Addition
Name: VALLE, ANA
Address: 374 E 47 STREET
City-St-Zip: HIALEAH, FL 33013

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: ALBERTO VALLE

DP

05/08/2009

Electronic Signature of Signing Officer or Director

Date