

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90019 012 \*\*\*150.00

<b>DOCUMENT # P07000099154</b> 1. Entity Name <b>DORAL COLLISION CENTER, INC.</b>					
Principal Place of Business <b>2091 NORTHWEST 97 AVENUE DORAL, FL 33176</b>			Mailing Address <b>10221 SW 13 STREET MIAMI, FL 33174</b>		
2. Principal Place of Business - No P.O. Box # <b>2091 NW 97 AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>2091 NW 97 AVE</b> Suite, Apt. #, etc.		
City & State <b>Doral Fla</b>			City & State <b>Doral, Fla.</b>		
Zip <b>33172</b>			Zip <b>33172</b>		
Country <b>U.S.</b>			Country <b>U.S.</b>		
4. FEI Number <b>26-0874891</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>RAMIREZ, VICTOR R 10221 SW 13 STREET MIAMI, FL 33174</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RAMIREZ, VICTOR R 10221 SW 13 STREET MIAMI, FL 33174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing 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.					
<b>SIGNATURE:</b>			<b>3/15/08</b> <b>780-211-2449</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					