

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099154

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** DORAL COLLISION CENTER, INC.

**Current Principal Place of Business:**

2091 NORTHWEST 97 AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

2091 NORTHWEST 97 AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 26-0874891

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, VICTOR R  
10221 SW 13 STREET  
MIAMI, FL 33174 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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RAMIREZ, VICTOR R  
Address: 10221 SW 13 STREET  
City-St-Zip: MIAMI, FL 33174

I hereby 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 all other like empowered.

SIGNATURE: VICTOR ROLANDO RAMIREZ

D

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date