2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P07000112467 1. Entity Name DJ AUTO COLLISION CENTER, INC					SECRETARY OF STATE DIVISION OF CORPORATIONS			
DJ AOTO COLLISION CENTER, INC							JL 28 PH I	
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·		0000		
18900 W DI	KIE HIGHWAY AI BEACH, FL 33180 US	20642 NW 10TH AVE Miami, FL 33169 US	;					
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07202008	Chg-P	CR2E034 (12/06	5)
City & State		City & State			4. FEI Number 26-1234		 	Applied For Not Applicable
Zip	Country	Zip	Zip Country		5. Certificate of		□ \$8.75 A	dditional
6. Name and Address of Current Registered Agent					7. Name and A	ddress of New Ro	egistered Agent	
SACE FINANCIAL ENTERPRISES, INC				Name				
12289 PEMBROKE RD STE 88			Stre	Street Address (P.O. Box Number is Not Acceptable)				
	KE PINES, FL 33025					· -		
			City				FL Zip Ci	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Election Campaign Financing\$5.00 May Be								
Amended AR is \$61.25 Trust Fund Contribution.					ed to Fees			
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11
TITLE NAME	P MOORE, DELAWRENCE A	☐ Delete	TITLE NAME	Vic	e Presid	lent/Sec	cretar P Change	Addition
STREET ADDRESS	20642 NW 10TH AVE		STREET ADOR	ss 200	ore, Las	hinda B	t	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	m	ami, 1	1.3316	9	
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CITY-\$1-ZIP			CITY-ST-ZIP					
NAME STREET ADDRESS RAM STR			TITLE NAME				☐ Change	Addition
			STREET ADDRE	ss				
12 hereby certify that the information supplied with this filling 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.								
1/200 1/200 0/01/20 20/10 700								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Despire Phone #								
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