

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086513

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** BUMPER DEPOT COLLISION WORKS CORP.

**Current Principal Place of Business:**

7324 MIAMI LAKES WAY  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

4901 W. FLAGLER ST.  
4  
MIAMI, FL 33134 US

**Current Mailing Address:**

7324 MIAMI LAKES WAY  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

4901 W. FLAGLER ST.  
4  
MIAMI, FL 33134 US

**FEI Number:** 27-1157750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALVAREZ RIVERA, TOMAS  
7324 MIAMI LAKES WAY  
MIAMI LAKES, FL 33014 US

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

ALVAREZ RIVERA, TOMAS  
4901 W. FLAGLER ST.  
4  
MIAMI, FL 33134 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:** TOMAS ALVAREZ RIVERA

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALVAREZ RIVERA, TOMAS  
**Address:** 4901 W. FLAGLER ST. APT. 4  
**City-St-Zip:** MIAMI, FL 33134 US

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:** TOMAS ALVAREZ RIVERA

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date