

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038957

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** PROFESSIONAL ETHICS COLLISION SERVICES, INC.

**Current Principal Place of Business:**

1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460

**New Mailing Address:**

**FEI Number:** 27-2629313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNOZ, LUIS  
1110 6TH AVENUE SOUTH  
LAKE WORTH, FL 33460 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: DPS  
Name: MUNOZ, LUIS  
Address: 1110 6TH AVENUE SOUTH  
City-St-Zip: LAKE WORTH, FL 33460

Title: DVS  
Name: MUNOZ, BENJAMIN  
Address: 631 SE CRESCENT AVE  
City-St-Zip: PT SAINT LUCIE, FL 34984

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: LUIS MUNOZ

DPS

01/25/2011

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

\_\_\_\_\_  
Date