

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11000026435

1. Entity Name  
TARUMA MOBILE REPAIR CORP



12 MAY 31 AM 6:10

Principal Place of Business  
350 85TH ST #2  
MIAMI BEACH, FL 33141

Mailing Address  
350 85TH ST #2  
MIAMI BEACH, FL 33141

2. Principal Place of Business - No P.O. Box #

109 CLIFTON RD

3. Mailing Address

109 CLIFTON RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PARK

City & State

WEST PARK

Zip

33023

Country

USA

Zip

33023

Country

USA

04272012

Chg-P

CR2E034 (12/11)

4. FEI Number

45-0676652

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, MARCIEL  
350 85TH ST #2  
MIAMI BEACH, FL 33141

7. Name and Address of New Registered Agent

Name  
MARCEL DA SILVA

Street Address (P.O. Box Number is Not Acceptable)

109 CLIFTON RD

City

WEST PARK

FL

Zip Code

33023

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 must be printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05/08/12

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2012 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PVST  
DA SILVA, MARCIEL  
350 85TH ST #2  
MIAMI BEACH, FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PV  
DA SILVA, MARCIEL  
109 CLIFTON RD  
WEST PARK, FL 33023 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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CITY- ST- ZIP  
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CITY- ST- ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

E-MAIL ADDRESS

05/08/12 MARCIEL SILVA 38@HOTMAIL.COM

MAY 31 2012