2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# P11000029810

Entity Name: TRIPOD COLLISION & REPAIR SHOP, INC.

Current Principal Place of Business:

6220 NW 2ND AVE
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

6220 NW 2ND AVE
MIAMI, FL 33150

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, ORES
6220 NW 2ND AVE
MIAMI, FL 33150 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: P
Name: SAINVIL, BOBBY
Address: 6220 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

Title: V
Name: LAROSE, ANTOINE
Address: 6220 NW 2ND AVE
City-St-Zip: MIAMI, FL 33150

Title: T
Name: SAINVIL, JACQUES P
Address: 6323 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33150

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: BOBBY SAINVIL P 05/01/2012

Electronic Signature of Signing Officer or Director Date