

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P93000019021</b> 1. Entity Name I.M. AUTO CENTER, CORP	
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FILED  
06 AUG 21 AM 10: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 3702 E. HILLBOROUGH AVE TAMPA, FL 33610	Mailing Address 3702 E. HILLBOROUGH AVE TAMPA, FL 33610
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip      Country	City & State  Zip      Country
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08142006    Chg-P    CR2E034 (11/05)

4. FEI Number 65-0395427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MENDEZ, ISRAEL 2905 N FLORIDA AVE TAMPA, FL 33602	7. Name and Address of New Registered Agent Name: <u>MENDEZ ISRAEL</u> Street Address (P.O. Box Number is Not Acceptable): <u>3702 E. HILLBOROUGH AVE</u> City: <u>Tampa</u> FL      Zip Code: <u>33610</u>
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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: Israel Mendez      ISRAEL MENDEZ, President      DATE: 8/16/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	PSTD MENDEZ, ISRAEL 2905 N FLORIDA AVE TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	<u>DI</u> TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>TORRES, Emilia C.</u> <u>3702 E. HILLBOROUGH AVE.</u> <u>TAMPA FL 33610</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>PITID</u> <u>MENDEZ, ISRAEL</u> <u>3702 E. HILLBOROUGH AVE</u> <u>TAMPA FL 33610</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000079054660 08/23/06--01034--010    **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Israel Mendez      President      DATE: 8/16/06      DAYTIME PHONE #: (305) 441-2606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #