

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90097 037 \*\*\*150.00

**DOCUMENT # P94000069820**

1. Entity Name  
**RENEW AUTO COLLISION OF SOUTH FLORIDA, INC.**



Principal Place of Business  
**1056 NE 43 STREET  
OAKLAND PARK, FL 33334-3806**

Mailing Address  
**1056 NE 43 STREET  
OAKLAND PARK, FL 33334-3806**

**66005377**



2. Principal Place of Business  
**4029 N.E. 6<sup>th</sup> Ave**

3. Mailing Address  
**4029 N.E. 6<sup>th</sup> Ave**

Suite, Apt. #, etc.

02132006 Chg-P CR2E034 (11/05)

City & State  
**Oakland PK FL**

City & State  
**Oakland PK**

Zip  
**33334**

Country  
**USA**

Zip  
**33334**

Country  
**USA**

4. FEI Number  
**65-0528005**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SOULIOTIS, MICHAEL  
8123NW 66TH TERRICE  
TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SOULIOTIS, MICHAEL	
STREET ADDRESS	1056 NE 43 ST	
CITY - ST - ZIP	OAKLAND PARK, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael Souliotis	
STREET ADDRESS	4029 N.E. 6 <sup>th</sup> Ave	
CITY - ST - ZIP	Oakland PK, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-11-06** **954**  
Date Daytime Phone #

Michael Souliotis



ATTACHMENT  
66005317

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 7, 2006

RENEW AUTO COLLISION OF SOUTH FLORIDA, INC.  
4029 N.E. 6TH AVE  
OAKLAND PK, FL 33334

Subject: RENEW AUTO COLLISION OF SOUTH FLORIDA, INC.

Reference Number: P94000069820

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION