


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000002757
 1. Entity Name
JAIME'S AUTO REPAIR OF TAMPA, INC.



Principal Place of Business 3905 W SOUTH AVE TAMPA, FL 33614 US	Mailing Address 3905 W SOUTH AVE TAMPA, FL 33614 US
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03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3287532	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 VITERI, JAIME R
 10252 MEMORIAL HWY
 TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

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

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

04/08/06-80015-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITERI, JAIME R 10252 MEMORIAL HWY TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VITERI, VIVIAN C 10252 MEMORIAL HWY TAMPA, FL 33615
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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: Jaime Viteri, President, owner **3/21/06 P/B 879-1131**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #