

FROM :

FAX NO. :

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90115 005 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P95000026604					
1. Entity Name: AMERICAN COLLISION, INC.					
Principal Place of Business 3500 N.W. 54TH ST MIAMI, FL 33142			Mailing Address 3500 N.W. 54TH ST MIAMI, FL 33142		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FBI Number 65-0569738				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CACERES, GUILLERMO E 3500 NW 54TH STREET MIAMI, FL 33142			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 in printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CACERES, GUILLERMO E		NAME		
STREET ADDRESS	3500 NW 54TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33142		CITY - ST - ZIP		
TITLE	TD	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	CACERES, EDUARDO		NAME		
STREET ADDRESS	3500 NW 54TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33142		CITY - ST - ZIP		
TITLE	SD	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	CACERES, RODRIGO		NAME		
STREET ADDRESS	3500 NW 54TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33142		CITY - ST - ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	CACERES, ALBERTO		NAME		
STREET ADDRESS	3500 NW 54TH STREET		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33142		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			638-4003		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR			DATE		