

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90274 018 ***150.00

DOCUMENT # P95000082924

1. Entity Name
MEGA TECH AUTO COLLISION CENTER, INC.



Principal Place of Business
**1635 NORTH FORSYTH ROAD
ORLANDO, FL 32807**

Mailing Address
**1635 NORTH FORSYTH ROAD
ORLANDO, FL 32807**

40027783



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353805

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAMACHO, JOSE
1635 N FORSYTH RD
ORLANDO, FL 32807**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	CAMACHO, JOSE
STREET ADDRESS	864 PINE MEADOWS RD.
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	V
NAME	CAMACHO, ISABEL
STREET ADDRESS	864 PINE MEADOWS ROAD
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Jose E. Camacho* **JOSE E. CAMACHO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-05 **3-1-05 401-384-9995**

DATE

DAYTIME PHONE #