

06 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90154 042 ***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



2. Principal Place of Business

549 N. GOLDENROD ROAD

3. Mailing Address

549 N. GOLDENROD ROAD

Suite, Apt. #, etc.

SUITE #14

Suite, Apt. #, etc.

SUITE #14

1st MOORE

CR2E034 (10/05)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3353805

Applied For

Not Applicable

Zip

32807

Country

ORANGE

Zip

32807

Country

ORANGE

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

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 constituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME CAMACHO, JOSE
STREET ADDRESS 864 PINE MEADOWS RD.
CITY-ST-ZIP ORLANDO FL 32825

TITLE V ☐ Delete
NAME CAMACHO, ISABEL
STREET ADDRESS 864 PINE MEADOWS ROAD
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

Isabel Camacho

ISABEL CAMACHO

407-384-9995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #