


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 017 ***150.00

DOCUMENT # P95000082924					
1. Entity Name MEGA TECH AUTO COLLISION CENTER, INC.					
Principal Place of Business 549 N GOLDENROD ROAD SUITE 14 ORLANDO, FL 32807			Mailing Address 549 N GOLDENROD ROAD SUITE 14 ORLANDO, FL 32807		
2. Principal Place of Business - No P.O. Box # 14521 E. COLONIAL DR.		3. Mailing Address 14521 E. COLONIAL DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 59-3353805	
Zip 32826		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$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 CAMACHO, JOSE Street Address (P.O. Box Number is Not Acceptable) 864 PINE MEADOWS ROAD City ORLANDO FL Zip Code 32825		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMACHO, JOSE <input type="checkbox"/> Delete 864 PINE MEADOWS RD. ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete CAMACHO, ISABEL 864 PINE MEADOWS ROAD ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jose E. Camacho</u> JOSE E. CAMACHO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			407-384-9995 <small>Date Daytime Phone #</small>		