

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P96000010214	
1. Entity Name	
FOREIGN AUTO REPAIR INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12550 S. MILITARY TRAIL Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State	
Zip 33436	Country PALM BEACH	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0716905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name ERMANNO SAMMARCO		
	Street Address (P.O. Box Number is Not Acceptable) 12550 S. MILITARY TRAIL		
	City BOYNTON BEACH	FL	Zip Code 33436

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
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11.	
TITLE PRESIDENT	NAME ERMANNO SAMMARCO	TITLE	
STREET ADDRESS 12550 S. MILITARY TRAIL	STREET ADDRESS BOYNTON BEACH, FL. 33436	STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH, FL. 33436		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 	6-28-05	(561) 637-3710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #