

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90385 007 \*\*\*150.00

**DOCUMENT # P96000023498**

1. Entity Name  
**GAUCHO'S AUTO MECHANIC CORPORATION**



Principal Place of Business

**3240 NW 36ST  
MIAMI, FL 33142 US**

Mailing Address

**3240 NW 36ST  
MIAMI, FL 33142 US**

2. Principal Place of Business

**3240 NW 36 St**

Suite, Apt. #, etc.

3. Mailing Address

**3240 NW 36 St.**

Suite, Apt. #, etc.

City & State

**MIAMI FL.**

City & State

**MIAMI FL.**

Zip

**33142**

Country

**DADE**

Zip

**33142**

Country

**DADE**

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0654498**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DE LIZ, GILSOLEI J  
3240 NW 36ST  
MIAMI, FL 33142**

7. Name and Address of New Registered Agent

Name **CARBALLO, ISABEL C.**

Street Address (P.O. Box Number is Not Acceptable)

**3240 NW 36 St.**

City

**MIAMI**

**FL**

Zip Code

**33142**

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 **ISABEL C. Carballo** *Isabel C. Carballo* **04/13/06**  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete  
NAME **DE LIZ, GILSOLEI J**  
STREET ADDRESS **120 RONALD RD.**  
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

TITLE **D** ☐ Delete  
NAME **CARBALLO, ISABEL**  
STREET ADDRESS **109 CLIFTON ROAD**  
CITY-ST-ZIP **HOLLYWOOD, FL 33023**

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  
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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 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: **Isabel C. Carballo** *Isabel C. Carballo* **04/13/06** (305)637-0188  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #