2006 FOR PROFIT CORPORAT **ANNUAL REPORT**

DOCUMENT # P96000060040 1. Entity Name TOTÁL CARE INSURANCE REPAIR, INC. Principal Place of Business Mailing Address 13733 N.W. 22ND ST. 13733 N.W. 22ND ST. SUNRISE, FL 33323-5305 US SUNRISE, FL 33323-530

FILED Jan 13, 2006 08:00 AM Secretary of State





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С	O NOT WRITE II	N THIS SF		
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	Name and Address of Current Regis	tered Agent	Marie de	
	A, RAYMOND G 22ND STREET FL 33323			: #: *,
			1872.42	
	named entity submits this statement for the pions of registered agent.	ourpose of changing its re		fice
SIGNATURE.		nt sig		
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contrib		- - -
10.	OFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FALDETTA, RAYMOND G 13733 NW 22ND ST SUNRISE, FL 33323			# .3.*
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-
TITLE				

CR2E034 (11/05) 01102006 No Chg-P

4. FEI Number Applied For 65-0677661 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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The state of the s

ifice or registered agent,	or both, in	the State	of Florida.	l am	familiar	with,	and	acce	pt
							-		

mature required when reinstating)

\$5.00 May Be Added to Fees

01/18/06-90009-013 150.00

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ilons contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for indicated on this report or supplemental report is true and accurate and that my of the corporation of the receiver en trustee impowered to execute this report as changed, or on an altestiment with an address, with all other like empowered.