


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000061615</b> 1. Entity Name MIAMI AUTO COLLISION, INC.	
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Principal Place of Business 7040 S.W. 44TH STREET MIAMI, FL 33155	Mailing Address C/O IVAN A. GOMEZ ESQ 601 BRICKELL KEY DRIVE SUITE 507 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



03122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0681954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

IAG CORPORATE SERVICES  
601 BRICKELL KEY DRIVE  
SUITE 507  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLAZO, JOAQUIN 8345 SW 58TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLAZO, EDITH 8345 SW 58TH ST MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/05-B00062-000 158.75

**DO NOT WRITE  
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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)(f), 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: *Joaquin Collazo* 3/15/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #