

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000008905

Entity Name: ALL PRO COLLISIONS INC.

**FILED**  
**Mar 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

520 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

520 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 59-3424894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, GEORGE  
520 E OSCEOLA PARKWAY  
KISSIMMEE, FL 34744 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GONZALEZ, GEORGE  
Address: 520 E. OSCEOLA PKWY  
City-St-Zip: KISSIMMEE, FL 34744

Title: ST  
Name: GONZALEZ, YVETTE  
Address: 520 E. OSCEOLA PKWY  
City-St-Zip: KISSIMMEE, FL 34744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: M. YVETTE GONZALEZ

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03/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date