

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000027902

1. Entity Name
ADVANCED COLLISION FACILITY, INC.



Principal Place of Business
18687 SW 103RD CT
MIAMI, FL 33157

Mailing Address
18687 SW 103RD CT
MIAMI, FL 33157



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0737344

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES, INC.
4521 PGA BLVD. STE 211
PALM BEACH GARDENS, FL 33418

**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 Vasiliki Darilas CORPORATE CREATIONS ENTERPRISES INC JAN 5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DARILAS, VASSILIKI
STREET ADDRESS 2823 MCKINLEY STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

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01/07/04-80012-013 158.75

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Vasiliki Darilas VASILIKI DARILAS JAN 5-04 305 2596644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #