

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90001 044 \*\*\*158.75

**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

2. Principal Place of Business

3. Mailing Address

2823 MCKINLEY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Zip

Country

Zip

Country

33020

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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 Pres. Jan 22 05 954 9265821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #