

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000090549

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** FALLS AUTO COLLISION CENTER, INC.

**Current Principal Place of Business:**

8801 SW 131 STREET  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

8801 SW 131 STREET  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 65-0788670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLIN, MICHAEL  
8801 SW 131 ST  
MIAMI, FL 33176 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** GOLIN, MICHAEL  
**Address:** 6026 SW 152 STMI  
**City-St-Zip:** MIAMI, FL 33157

**Title:** VPT  
**Name:** SEDELL, MICHAEL  
**Address:** 8801 SW 131 STREET  
**City-St-Zip:** MIAMI, FL 33176

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:** MICHAEL GOLIN

DPS

03/08/2010

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

\_\_\_\_\_  
Date