



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90287 003 \*\*\*150.00

<b>DOCUMENT # P97000094407</b> 1. Entity Name <b>PROLINK AUTO REPAIR AND PERFORMANCE INC.</b>					
Principal Place of Business <b>2401 SW 31ST AVE BLDG H-4 HALLANDALE, FL 33009</b>			Mailing Address <b>2401 SW 31ST AVE BLDG H-4 HALLANDALE, FL 33009</b>		
2. Principal Place of Business <b>2401 SW 31 AVE</b> Suite, Apt. #, etc. <b>HALLANDALE</b> City & State <b>FL</b> Zip <b>33009</b>		3. Mailing Address <b>AS ABOVE</b> Suite, Apt. #, etc.  City & State  Zip  Country <b>U.S.A</b>			
4. FEI Number <b>65-0792848</b>		Chg-P      CR2E034 (11/05)			
5. Certificate of Status Desired <b>N/A</b>		<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MATAMORO, BRIAN HENRY 2401 SW 31ST AVENUE HALLANDALE, FL 33009</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>N/A</b> City <b>FL</b> 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 <u><i>Brian Matamoros</i></u> DATE <u>5/1/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATAMORO, HENRY B 2401 SW 31ST AVENUE HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATAMORO, JANETT C 2401 SW 31 ST AVE HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Janett Matamoros</i></u> <b>JANETT MATAMORO</b> VP      5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					