
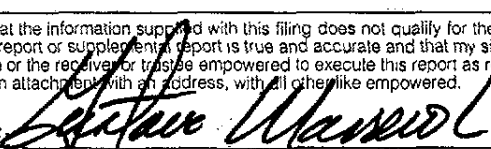


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000055750</b> 1. Entity Name RITEWAY INSURANCE REPAIR SERVICE OF PALM BEACH, INC.		
Principal Place of Business 2144 JOHNSON STREET HOLLYWOOD, FL 33020	Mailing Address 2144 JOHNSON STREET HOLLYWOOD, FL 33020	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent  COHN, ALAN B 2021 TYLER STREET HOLLYWOOD, FL 33020		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</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		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAVIANO, CELESTINO 2144 JOHNSON STREET HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARRERO, GUS 2144 JOHNSON STREET HOLLYWOOD, FL 33020	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-16-06 954-923-3677 <small>Date Daytime Phone #</small>



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0846144	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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03/04/06-80043-006 150.00