## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # P98000077564  1. Entity Name BAHAMAS AUTO REPAIRS, INC.				04-19-2006 90082 026 ***150.00			
Principal Place of Business Mailing Address				•			
4782 S.W. 75TH AVENUE 4782 S.W. 75TH AVENUE MIAMI, FL 33155 MIAMI, FL 33155							
		3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.		01172006	Chg-P	CR2E034 (11/05	)
City & State	City & State	City & State		4. FEI Number 65-0862	130	<b>⊢</b> ∔	Applied For Not Applicable
Zip Country	Zip	Cour	ntry	5. Certificate of	Status Desired	□ \$8.75 A Fee Requi	
6. Name and Addre	ss of Current Registered Age	nt	Ι	7. Name and A	ddress of New Re		
			Name				
FERNANDEZ, HERMAN 122770 N.W. 9TH ST. MIAMI, FL 33182			Street Address (P.O. Box Number is Not Acceptable)				
(MICHINI, 1 & 30102			-			—- T:- O-	٠-
			City	FL Zip Code			
<ol><li>The above named entity submits the obligations of registered agent.</li></ol>		changing its register	red office or register	ed agent, or both,	in the State of Flor	rida. I am familiar witi	n, and accept
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 S After May 1, 2006 Fee wil	3130.00	ction Campaign Fina st Fund Contribution.	incing \$5.	00 May Be ed to Fees			
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12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that I am 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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #