

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000082466

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** PROBODY COLLISION CENTER, INC.

**Current Principal Place of Business:**

7735 NW 53RD STREET  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

7735 NW 53RD STREET  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 65-0865769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PONCE, ROBERT  
9941 S.W. 41 ST.  
MIAMI, FL 33165 US

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

PONCE, ROBERT  
7735 NW 53TH STREET  
DORAL, FL 33166 US

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: ROBERT PONCE

08/21/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: PONCE, ROBERT  
Address: 7735 NW 53TH ST  
City-St-Zip: DORAL, FL 33166

Title: D  
Name: PONCE, OLGA  
Address: 7735 NW 53TH ST  
City-St-Zip: DORAL, FL 33166

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: ROBERT PONCE

PRES

08/21/2012

Electronic Signature of Signing Officer or Director

Date