

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 018 ***150.00

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DOCUMENT # P98000107681 1. Entity Name AUTO CARE COLLISION CENTER BY BETO'S, INC.				
Principal Place of Business 16206 N. NEBRASKA AVE. LUTZ, FL 33549			Mailing Address 1611 W PLATT ST TAMPA, FL 33606	
2. Principal Place of Business		3. Mailing Address C/O KOEHLER & CO. Suite, Apt. #, etc. 502 N. ARMENIA AVE.		
Suite, Apt. #, etc.		City & State TAMPA FL		
City & State		4. FEI Number 59-3549559		
Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Country		6. Name and Address of Current Registered Agent PINTO, LUIS 16206 N. NEBRASKA AVE. LUTZ, FL 33549		
Zip		7. Name and Address of New Registered Agent Name: KEITH W. KOEHLER Street: Koehler & Company, P.A. 502 North Armenia Avenue City: Tampa, FL 33609 Zip Code:		
Country		8. The above named entity submits this statement for the purpose of changing its registered office, the obligations of registered agent.		
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4/20/05		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D PINTO, LUIS 16206 N. NEBRASKA AVE. LUTZ, FL 33549	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>		DATE: 4/22/05 DAYTIME PHONE #: (813) 961-7571		