
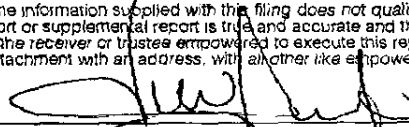


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

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 C/O KOEHLER & CO. 502 N. ARMENIA AVE. TAMPA, FL 33609	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent KOEHLER, KEITH W. KOEHLER & COMPANY, P.A. 502 NORTH ARMENIA AVENUE TAMPA, FL 33609		
6. 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 terminating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE	D	
NAME	PINTO, LUIS	
STREET ADDRESS	16206 N. NEBRASKA AVE.	
CITY-ST-ZIP	LUTZ, FL 33549	
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 another like empowered.		
SIGNATURE: 		4/25/06 (813) 961-7571 <small>Date Daytime Phone #</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3549559 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

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05/18/06 80023-004 150.00

**DO NOT WRITE
IN THIS SPACE**