2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State DOCUMENT # P98000107681 05-03-2007 90067 017 ***150.00 AUTÓ CARE COLLISION CENTER BY BETO'S, INC. Principal Place of Business Mailing Address 40Inam. 16206 N. NEBRASKA AVE. C/O KOEHLER & CO. LUTZ, FL 33549 502 N. ARMENIA AVE. TAMPA, FL 33609 3. Mailing Address 2. Principal Place of Business - No P.O. Box # % Koehler & Company, P.A. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) 401 North Howard Avenue 4. FEI Number Applied For City & State Tampa, FL 33606 59-3549559 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEINT W KOEHLER KOEHLER, KEITH W. Stre KOEHLER & COMPANY, P.A. Koehler & Company, P.A. **502 NORTH ARMENIA AVENUE** TAMPA, FL 33609 401 North Howard Avenue Zip Code Tampa, FL 33606 8. The above named entity submits this statement for the purpose of changing its registered office iliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change PINTO, LUIS NAME NAME STREET ADDRESS 16206 N. NEBRASKA AVE. STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

ED NAME OF GRUND OFFICER OR DIRECTOR

FILED May 03, 2007 8:00 am

913-961-9571

4-30-07