

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107681

FILED
Apr 30, 2009
Secretary of State

Entity Name: AUTO CARE COLLISION CENTER BY BETO'S, INC.

Current Principal Place of Business:

C/O KOEHLER & COMPANY, PA.
401 NORTH HOWARD AVENUE
TAMPA, FL 33606

New Principal Place of Business:

16206 N. NEBRASKA AVE.
LUTZ, FL 33549

Current Mailing Address:

401 N HOWARD AVE.
TAMPA, FL 33606

New Mailing Address:

16206 N. NEBRASKA AVE.
LUTZ, FL 33549

FEI Number: 59-3549559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY, P.A.
401 NORTH HOWARD AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

PINTO, LUIS
16206 N. NEBRASKA AVE.
LUTZ, FL 33549 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: LUIS PINTO

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PINTO, LUIS
Address: 16206 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: PINTO, LUIS
Address: 16206 N. NEBRASKA AVE.
City-St-Zip: LUTZ, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LUIS PINTO

MR.

04/30/2009

Electronic Signature of Signing Officer or Director

Date