

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90021 010 ***150.00

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01242005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000007790					
1. Entity Name ALLIANCE AUTO REPAIR INC.					
Principal Place of Business 11750 NW 87 PLACE, BAY 17 HIALEAH GARDENS, FL 33016			Mailing Address 11750 NW 87 PLACE, BAY 17 HIALEAH GARDENS, FL 33016		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0889249	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENA, JOSE 11750 NW 87 PLACE, BAY 17 HIALEAH GARDENS, FL 33016			Name Liancy Ferigra Street Address (P.O. Box Number is Not Acceptable) 11750 NW 87 PL #17 City Hialeah Gardens FL Zip Code 33016		
8. 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 Liancy Ferigra DATE 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
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	VSTD PENA, JOSE 11750 NW 87 PLACE, BAY 17 HIALEAH GARDENS, FL 33016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Liancy Ferigra 11750 NW 87 PL #17 Hialeah Gardens, FL 33016 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FERIGRA, LIANCY 11750 NW 87 PLACE, BAY 17 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: Liancy Ferigra <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/26/05 Daytime Phone # (305) 814-0405		