2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# P99000036832

Entity Name: OSCAR AUTO REPAIR, INC.

Current Principal Place of Business:

940 S.W. 69TH AVENUE
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

940 S.W. 69TH AVENUE
MIAMI, FL 33144

New Mailing Address:

FEI Number: 65-0912952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAROLD, JEROME D
9999 N.E. 2ND AVE. STE. 118
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	HAROLD, JEROME D	
Address:	940 S.W. 69TH AVENUE	
City-St-Zip:	MIAMI, FL 33144	
Title:	P	( ) Delete
Name:	PLATON, EDUARDO	
Address:	743 S WINNING CIRCLE	
City-St-Zip:	FORT LAUDERDALE, FL 33326	
Title:	S	( ) Delete
Name:	PLATON, ALEJANDRO D DR	
Address:	16361 SW 10TH ST	
City-St-Zip:	PEMBROKE PINES, FL	
Title:	T	( ) Delete
Name:	FUENTES, JOSEFINA	
Address:	14213 SW 510 ST	
City-St-Zip:	MIAMI, FL 33125	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEROME HAROLD P 02/27/2006

Electronic Signature of Signing Officer or Director — Date