## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000046989  1. Entity Name BAYAMO GENERAL AUTO REPAIR, INC				Secretary of Stat
Principal Plac	e of Business	Mailing Address		7
5195 E 10 A HIALEAH, FL		5195 E 10 AVE. HIALEAH, FL 33013		
	<u> </u>			
				04072005 No Chg-P CR2E034 (10/03)
DO NOT WRITE II		1 THIS SPA	CE	4. FEI Number Applied For 65-0921594 Not Applicable
			and the latest the second	5. Certificate of Status Desired 5. Sertificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
ARIAS, JORGE L 19735 NW 53 PL OPA LOCKA, FL 33055				DO NOT WRITE IN THIS SPACE
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_	Signature, typed or printed name of registered agent and ti	de if applicable. (NOTE: Registere	d Agent signature required	ed when reinstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				6.00 May Be ded to Fees U00000326575
10.	OFFICERS AND DIR	ECTORS	1	04/25/05-80003-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARIAS, JORGE 19735 NW 53 PLACE OPA LOCKA, FL 33055			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			The second case in the second	<del>- Tarangan dan salah sa</del>

## DO NOT WRITE IN THIS SPACE

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 it 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 any address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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TO THE TANDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/20/05 305 769991