# 19900086513

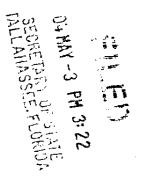
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer.	
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### Davila and Torres, P.A.

#### ATTORNEYS AND COUNSELORS AT LAW 911 N. MAIN STREET, SUITE 5, KISSIMMEE, FLORIDA 34744

LUIS DAVILA ALFRED TORRES Tel. (407) 933-0307 Fax (407) 933-0882

April 26, 2004

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Precision Collision and Auto Repair Center, Inc.

Dear Sir/Madam:

#### Enclosed please find the following documents:

- 1. Transmittal Letter Marcelino Crespo
- 2. Resignation of Registered Agent for a Corporation Marcelino Crespo
- 3. Statement of Change of Registered Office new agent: Alex Costales
- 4. Transmittal Letter Alex Costales
- 5. Officer/Director Resignation for a Corporation Gloria Crespo
- 6. Transmittal Letter Alfred Torres
- 7. Officer/Director Resignation for a Corporation Gloria Crespo
- 8. Transmittal Letter Alfred Torres
- 9. Officer/Director Resignation for a Corporation Marcelino Crespo
- 10. Transmittal Letter Alfred Torres
- 11. A check in the amount of \$227.50 payable to Florida Dept. of State

Sincerely,

Alfred Forres
Attorney at Law

AT/mb

Encl.

#### TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: PRECISION COLLISION AND Auto ROPAIR CENTRE (Name of Corporation)  DOCUMENT NUMBER: 19900086513	Tre
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
MARCELING (RESPO (Name of Person)  PRECISION (Mission AND AND AND CEPAIR CENTER IN  (Name of Firm/Company)	<b>~</b> .
1605 Lockharf Ave	
Harres C. L. FL 33844 (City/State and Zip Code)	
For further information concerning this matter, please call:	<i></i> <u></u> .
ALFAED TORKES at (407), 933-0307 (Name of Person) (Area Code & Daytime Telephone Number)	. <b>.</b>

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, MAUCLING (RESPO) (Name of Registered Agent)
hereby resigns as Registered Agent for Placified (Name of Corporation)  (Name of Corporation)  (Name of Corporation)  (Name of Corporation)
PQ9000086513 Keptia (Refle, state)
A copy of this resignation was mailed to the above listed corporation at its last known address.
er poly of any resignation was mande to me aposa nation porporation at its rest and an admission in
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.
Klevertyeo Cessos (Signature of Resigning Agent)
(Signature of Resigning Agent)
If signing on behalf of an entity:
MARCOLINO CRESPO (Typed or Printed Name)
(Typed or Printed Name)
Recittees Agent
(Capacity)

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314