FILED May 17, 2002 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 2007	5 /	(001)	05-17-2002 90039	017 ***150.00	
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DO NOT WOLT					
DO NOT WRITE	= IN THIS	SPACE			
2. Principal Place of Business	3. Mailing Address				
6906 Sheldon Rd - 5Am		\e			
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS CO	DO NOT WRITE IN THIS SPACE	
City & State City & State			ACE		
	an		4. FEI Number 59-3051904	Applied For	
Zip Country U.S.	Zip	Country	C 0	Not Applicable 8.75 Additional	
			<u></u> Fe	e Required	
	 	Name	7. Name and Address of Current Registered A	gent	
DO NOT WRITE		Street Addres	Name Name Name Name Notacl Read Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SF	ACE	6900	s (P.O. Box Number is Not Acceptable)		
		City	en FL	Zip Code 33615	
8. The above named entity submits this statement fo	r the purpose of changing	its registered office or regis	registered office or registered agent, or both, in the State of Florida.		
SIGNATURE X Juchan 1	$\frac{1}{2}$			A 2	
Signature, typed or printed name of registered agent a	ind title if applicable. (N	NOTE: Registered Agent signature requi	ed when reinstation	0	
9. This corporation is eligible to satisfy its Intangible	January 1	May 1 Fee is \$150.00	DATE		
Tax filing requirement and elects to do so. (See criteria on back)	After M.	ay 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be	
11. OFFICERS AND I	Make Check Pay	able to Department of St	Trust Fund Contribution,	Added to Fees	
Peres dent / Orrect	INCECTORS	TITLE			
		NAME		707	
STREET ADDRESS CITY-SI-ZIP TAMPA R 33615		STREET ADDRESS		3,12	
········	33611	CITY-ST-ZIP	The state of the s	CR2E034B (12/01)	
NAME STREET ADDRESS		NAME		. RZ	
CITY-ST-ZIP		STREET ADDRESS.		0	
TITLE		CITY-ST-ZIP			
NAME STREET ADDRESS		NAME			
CITA-21-YIb		STREET ADDRESS	DO NOT WOLT	mana on the state	
TITLE		CITY-ST-ZIP	DO NOT WRITE		
NAME STREET ADDRESS		TITLE NAME	IN THIS SPACE	•	
CITY-ST-ZIP		STREET ADDRESS		•	
TILE		CITY-ST-ZIP			
AME.		HTLE NAME			
TREET ADDRESS ITY-ST-ZIP		STREET ADDRESS		•	
TLE	· .	CITY-ST-ZIP			
AME .	•	TITLE NAME			
FREET ADDRESS TY-SI-ZIP		STREET ADDRESS			
3 Thereby cortify that the info	o filing date	CITY-SI-ZIP			
Thereby certify that the information supplied with the indicated on this report or supplemental report is true of the corporation or the receiver or trustee employer.	a miny does not qualify for le and accurate and that re cred to execute this server	r the exemption stated in Sec my signature shall have the s	stion 119.07(3)(i), Florida Statutes. I further certify that ame legal effect as if made under oath; that I am and 7, Florida Statutes; and that my pages appears in the	it the information	
attachment with an address, with all other like empo	wered.	rt as required by Chapter 60	addit (13:07(3)()). Florida Statutes, I further certify tha ame legal effect as if made under oath; that I am an (7, Florida Statutes; and that my name appears in Bi	ock 11 or on an	
GIGNATURE: X Micho	LUW an		4-26-02		
SIGNATURE AND TYPED OR PRINT	ED NAME OF SIGNING OFFICER	OR DIRECTOR	Oate Daylime Pri	Norte #	
			Doyanie - 11		