


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # S49573 1. Entity Name ARROCHA AUTO REPAIR, INC.		
Principal Place of Business 13680 NW 19TH AVE BAY #10 OPA-LOCKA, FL 33054 US		Mailing Address 14401 NW 6TH AVE MIAMI, FL 33168 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ARROCHA, FRANCISCO A. 13680 NW 19TH AVE BAY #10 OPA-LOCKA, FL 33054		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 _____ <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, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HIDALGO-ARROCHA, ROSA 13680 NW 19TH AVE BAY #10 OPA-LOCKA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARROCHA, FRANCISCO A. 13680 NW 19TH AVE BAY #10 OPA-LOCKA, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u><i>Rosa Hidalgo Arrocha</i></u> Rosa Hidalgo Arrocha, Pres./Treas. 4.26.06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0259086	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

U00000557309
05/17/06-80036-035 8.75

U00000557309
05/17/06-80036-034 150.00

**DO NOT WRITE
IN THIS SPACE**

Date Daytime Phone #