


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # V34267 1. Entity Name PAGE'S AUTO SERVICE, INC.	
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Principal Place of Business 152 GEORGIA AVE TAVERNIER, FL 33070 US	Mailing Address 7725 SW 144TH ST MIAMI, FL 33158
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01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0344714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLUM, SAMUEL SPENCER 2666 TIGERTAIL AVE. STE. 106 COCONUT GROVE, FL 33133

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

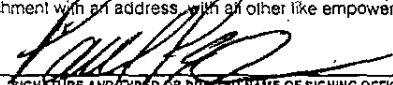
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000403649
02/06/06-80015-015 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, PAUL A 115 PUEBLO ST TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, DANIEL P 7725 SW 144TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, CAROL P 7725 SW 144TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PAGE, NANCY 115 PUEBLO ST TAVERNIER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:  Paul Page 305 852 3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #