

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000070404

**Entity Name:** AVENTURA COLLISION CENTER, INC.

**Current Principal Place of Business:**

18900 W DIXIE HWY  
AVENTURA, FL 33180

**Current Mailing Address:**

16435 NE 32ND AVE  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 04-3697778**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SILBERGLEIT, DAVID  
3330 NE 190 ST #1711  
AVENTURA, FL 33180 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            P  
Name            LOPROTO, DOLORES  
Address        18900 W DIXIE HWY  
City-State-Zip: AVENTURA FL 33180

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DOLORES LOPROTO**

**PRES**

**04/29/2014**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date