

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099154

Entity Name: DORAL COLLISION CENTER, INC.

Current Principal Place of Business:

2091 NORTHWEST 97 AVENUE
MIAMI, FL 33172

Current Mailing Address:

2091 NORTHWEST 97 AVENUE
MIAMI, FL 33172

FEI Number: 26-0874891

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMIREZ, VICTOR R
10221 SW 13 STREET
MIAMI, FL 33174 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 D
Name RAMIREZ, VICTOR R
Address 10221 SW 13 STREET
City-State-Zip: MIAMI FL 33174

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: VICTOR RAMIREZ

PRESIDENT

05/01/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date