

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000001650

**Entity Name:** CONCEPCION SOUTH-DADE AUTO COLLISION, INC.

**Current Principal Place of Business:**

10755 SW 190 ST  
BAY 48-50  
MIAMI, FL 33157

**Current Mailing Address:**

10755 SW 190 ST  
BAY 48-50  
MIAMI, FL 33157 US

**FEI Number:** 47-2839713

**Certificate of Status Desired:** No

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

CONCEPCION, JORGE LUIS  
10755 SW 190 ST  
BAY 48-50  
MIAMI, FL 33157 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 PVP  
Name CONCEPCION, JORGE LUIS  
Address 10755 SW 190 ST  
BAY 48-50  
City-State-Zip: MIAMI FL 33157

*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:** JORGE LUIS CONCEPCION

**PRESIDENT**

**03/21/2023**

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

\_\_\_\_\_  
Date