


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000105972</b> 1. Entity Name <b>A1A AUTO COLLISION CORP.</b>	
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FILED

06 MAY 18 PM 3:05

SECRET

Principal Place of Business <b>3790 NW 25 AVE MIAMI, FL 33142</b>	Mailing Address <b>3790 NW 25 AVE MIAMI, FL 33142</b>
2. Principal Place of Business <b>3251 NW 30 st.</b>	3. Mailing Address <b>3251 NW 30 st.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

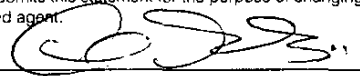
JR



City & State <b>Miami FL</b>	City & State <b>Miami FL</b>	4. FEI Number <b>73-1680392</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33142</b>	Country <b>US</b>	Zip <b>33142</b>	Country <b>USA</b>

<b>6. Name and Address of Current Registered Agent</b>  PAZ, JOSE L 413 NW 32 PLACE MIAMI, FL 33125	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <span style="font-weight: bold; font-size: 1.2em;">FL</span> <span style="margin-left: 20px;">Zip Code</span> </div>
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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.

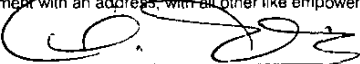
SIGNATURE:  DATE: 5/15/06

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

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAZ, JOSE L 413 NW 32 PLACE MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">                         700076158867                          06/13/06--01046--011 **300.00                     </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MENA, ANABELKIS 413 NW 32 PLACE MIAMI, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 5/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #