


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 649273 1. Entity Name SALEMI'S BODY SHOP, INC.	
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Principal Place of Business 1602 N. ARMENIA AVENUE TAMPA, FL 33607	Mailing Address 1602 N. ARMENIA AVENUE TAMPA, FL 33607
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04292004 No Chg-P CR2E034 (10/09)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1951626	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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

**SALEMI, SAM
1602 N. ARMENIA AVENUE
TAMPA, FL 33607**

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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 retaking) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME SALEMI, SAM, JR STREET ADDRESS 7903 GOLDEN GLEN CITY-ST-ZIP TAMPA, FL 00000,
TITLE VD	NAME SALEMI, SAM, SR STREET ADDRESS 8306 TERRACE WOOD CIRCLE CITY-ST-ZIP TAMPA, FL 00000,
TITLE ST	NAME SALEMI, GRACE STREET ADDRESS 8306 TERRACE WOOD CIRCLE CITY-ST-ZIP TAMPA, FL 00000,
TITLE V	NAME RUSSO, PATRICIA STREET ADDRESS 18315 NORWOOD DRIVE CITY-ST-ZIP TAMPA, FL
TITLE V	NAME ILER, SANDRA STREET ADDRESS 5403 WINHAWK WAY CITY-ST-ZIP LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/03/04-80136-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 resolver 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: Sandra Iler (Sandra Iler) 4/29/04 (P13) 879-2723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #