

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 15, 2004 8:00 am
Secretary of State

03-01-2004 90056 008 ***150.00

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DOCUMENT # F84490			
1. Entity Name M.S.D. AUTO BODY, INC.			
Principal Place of Business 16058 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33162		Mailing Address 16058 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 2093 NE 160th St.		3. Mailing Address 2093 NE 160th St	
Suite, Apt. #, etc. No. Miami Beach, FL		Suite, Apt. #, etc.	
City & State		City & State No. Miami Beach FL	
Zip 33162	Country USA	Zip 33162	Country USA
4. FEI Number 59-2200894		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TEVINI, HELMUT 16058 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33162		Name Tevini, Helmut	
		Street Address (P.O. Box Number is Not Acceptable) 2093 NE 160th street	
		City N. Miami Beach FL Zip Code 33162	
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 reappointing)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEVINI, HELMUT 16058 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tevini, Helmut 2093 NE 160th street N. Miami Beach, FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TEVINI, LYDIA 16058 NE 21ST AVENUE NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Tevini, Lydia 2093 NE 160th St. N. Miami Beach, FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TEVINI, SEPP 1280 N.E. 83RD ST. MIAMI, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Tevini, Sepp 2093 NE 160th St. N. Miami Beach, FL 33162 <input type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEVINI, TYLA 2093 NE 160th St. N. Miami Beach, FL 33162 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director
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 exemption stated in Section 119.07(3)(i), 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 prepare 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 the empowered.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			