


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90407 003 ***150.00

DOCUMENT # G09857	
1. Entity Name KEYSTONE AUTOMOTIVE INDUSTRIES FL, INC.	

Principal Place of Business 11701 NW 101ST ROAD MEDLEY, FL 33178 US	Mailing Address 700 EAST BONITA AVE. POMONA, CA 91767 US
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4000 -



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2283788	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	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	
	FL	Zip Code

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME KEISTER, RICHARD STREET ADDRESS 11701 NW 101ST ROAD CITY-ST-ZIP MEDLEY, FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete	NAME PALUMBO, JOHN STREET ADDRESS 11701 NW 101ST ROAD CITY-ST-ZIP MEDLEY, FL 33178	TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME GRAY, JEFFREY STREET ADDRESS 85-B CLEVELAND STREET CITY-ST-ZIP NASHVILLE
TITLE S <input type="checkbox"/> Delete	NAME LOCKWOOD, JAMES STREET ADDRESS 11701 101ST ROAD CITY-ST-ZIP MEDLEY, FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T <input type="checkbox"/> Delete	NAME FINKELSTEIN, SY STREET ADDRESS 11701 NW 101ST ROAD CITY-ST-ZIP MEDLEY, FL 33178	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: Jeffrey T. Gray **JEFFREY T. GRAY** 4.20.06 615-373-2050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #