


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G90745
 1. Entity Name
 TOP NOTCH AUTOBODY, INC.



Principal Place of Business Mailing Address
 149 SE 2ND STREET 149 SE 2ND ST
 DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL 33441 US



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2385810 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 COHEN, MICHAEL J.
 517 SW FIRST AVENUE
 FT LAUDERDALE, FL 33301

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT CALI, FRANK 920 SE 12TH TERRACE DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CALI, MARIE F. 920 SE 12TH TERR. DEERFIELD BCH., FL
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 01/25/05-80028-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 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: *[Signature]* 1/5/05 957 426-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #