2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42114

FILED Apr 26, 2004 Secretary of State

Entity Name: AUTO PAINTING U.S.A. BODY REPAIR CENTERS, INC. OF WEST MIAMI

Current Principal Place of Business: New Principal Place of Business:

2404 MILIAM DAIRY RD MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

3582 OLD LIGHTHOUSE CR. 11271 REGATTA LANE WELLINGTON, FL 33414 WELLINGTON, FL 33467 US

FEI Number: 65-0083603 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOBUS, THOMAS J
3582 OLD LIGHTHOUSE CR.
WELLINGTON, FL 33414 US
KOBUS, THOMAS J
11271 REGATTA LANE
WELLINGTON, FL 33467 US

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.

SIGNATURE: THOMAS J KOBUS 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: KOBUS, THOMAS, Name: KOBUS, THOMAS,

Address: 3582 OLD LIGHTHOUSE CR. Address: 11271 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33467 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 KOBUS, KATHLEEN
 Name:
 KOBUS, KATHLEEN

 Address:
 3582 OLD LIGHTHOUSE CR.
 Address:
 11271 REGATTA LANE

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33467 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 CASASNOVAS, CLAUDIO
 Name:
 CASASNOVAS, CLAUDIO

 Address:
 3582 OLD LIGHTHOUSE CR.
 Address:
 11271 REGATTA LANE

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 WELLINGTON, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN KOBUS S 04/26/2004