2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42114

FILED Apr 23, 2008 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 MILAM DAIRY RD MIAMI, FL 33122

Current Mailing Address: New Mailing Address:

11271 REGATTA LANE
WELLINGTON, FL 33467 US

11271 REGATTA LANE
WELLINGTON, FL 33449 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

11271 REGATTA LANE
WELLINGTON, FL 33467 US

KOBUS, THOMAS J

11271 REGATTA LANE
WELLINGTON, FL 33449 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 04/23/2008

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: 11271 REGATTA LANE 1271 REGATTA LANE

Address: 11271 REGATTA LANE Address: 11271 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33467 US City-St-Zip: WELLINGTON, FL 33449 US

Title: S () Delete Title: S (X) Change () Addition Name: KOBUS, KATHLEEN Name: KOBUS, KATHLEEN

Address: 11271 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33467 US

Name: ROBOS, RATHLEEN
Address: 11271 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449 US

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

Name:CASASNOVAS, CLAUDIOName:CASASNOVAS, CLAUDIOAddress:11271 REGATTA LANEAddress:11271 REGATTA LANECity-St-Zip:WELLINGTON, FL 33467City-St-Zip:WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS J. KOBUS P 04/23/2008