2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2007 08:00 AM Secretary of State

					C	Convotant of Ct
DOCUMENT # K73799 1. Entity Name COLON PAINT & BODY SHOP, INC.				Secretary of St		
Principal Place 2001 W. 62 S HIALEAH, FL	ST	Mailing Address 2001 W. 62 ST HIALEAH, FL 33016 US			1 32002 11121 1 0510 10152 10171	OUSUI OKUUK SIIGKI OKSUI OKUUK SIIGKUOLE II IGUI
D	O NOT WRITE	CE	01172007 4. FEI Numb 65-010	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
	6. Name and Address of Current Re	gistered Agent) a man anne je	
GRILLO, R 2001 W 62 HIALEAH, I	STREET				NOT WI	
	named entity submits this statement for th	e purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE	ons of registered agent.					
	Signature, typed or printed name of registered agent and	litte if applicable. (NOTE, Registere	d Agent signature required	(when reinstating)		DATE
FILE After Ma	E NOW!!! FEE IS \$150.00 ly 1, 2007 Fee will be \$550.00	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIF	RECTORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRILLO, ROLANDO 2001 W 62 ST HIALEAH, FL 33016				U00001 02/08/07	0618007 -80012-020 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			177- w	DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE					3 .	,

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.

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SIG	NJ A	311	12	┺.

STREET ADDRESS
CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/07

Daylime Phone #