## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000002992

Address:

City-St-Zip:

Entity Name: A1 BODY REPAIR CENTERS, LLC

FILED Apr 30, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4400 N. POWERLINE ROAD DEERFIELD BEACH, FL 33073 **Current Mailing Address: New Mailing Address:** 4400 N. POWERLINE ROAD DEERFIELD BEACH, FL 33073 FEI Number: 45-0500794 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: HAMBY, LOUIS LIII ESQ 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** () Delete ( ) Change (X) Addition SALVATORE, MICHAEL P Name: Name: Address: Address: 5801 NW 62 STREET City-St-Zip: City-St-Zip: PARKLAND, FL 33067 Title: Title: MGR ( ) Change (X) Addition ( ) Delete Name: Name: JIMENEZ, CRISTOBAL J VP Address: Address: 6460 NW 62ND TERR City-St-Zip: City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: MGR ( ) Change (X) Addition GARCIA, JUAN F T Name: Name: Address: Address: 3981 SW 147TH AVENUE City-St-Zip: City-St-Zip: MIRAMAR, FL 33027 Title: () Delete Title: MGRM ( ) Change (X) Addition Name: Name: JIMENEZ, BERTA B S 6460 NW 62ND TERR Address: Address: City-St-Zip: City-St-Zip: PARKLAND, FL 33067 Title: () Delete Title: MGRM ( ) Change (X) Addition SALVATORE, DEBRA VS Name: Name:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

5801 NW 62 STREET

PARKLAND, FL 33037

SIGNATURE: JUAN F GARCIA MGR 04/30/2004