


FROM

(THU) APR 26 2007

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90452 040 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     |                                                          |                                                                                          |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DOCUMENT # M41256</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     |                                                          |         |                                   |
| 1. Entity Name<br>M/T PAINT & BODY SHOP, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                     |                                                          |                                                                                          |                                   |
| Principal Place of Business<br>5091A NW 79 AVE<br>MIAMI, FL 33166 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | Mailing Address<br>5091A NW 79 AVE<br>MIAMI, FL 33166 US |                                                                                          |                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | 3. Mailing Address                                                                  |                                                          |                                                                                          |                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Suite, Apt. #, etc.                                                                 |                                                          |                                                                                          |                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | City & State                                                                        |                                                          | 4. FEI Number<br>59-2738812                                                              |                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      | Country                                                                             |                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent<br>MANSO, ENRIQUE<br>15081 SW 154 TERRACE<br>MIAMI, FL 33012                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     | 7. Name and Address of New Registered Agent              |                                                                                          |                                   |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)       |                                                                                          |                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | FL                                                       |                                                                                          | Zip Code                          |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                                                                                     |                                                          |                                                                                          |                                   |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$350.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                          | \$5.00 May Be<br>Added to Fees                                                           |                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ST                   | <input type="checkbox"/> Delete                                                     | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MANSO, LOURDES       |                                                                                     | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15081 SW 154 TERRACE |                                                                                     | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI, FL            |                                                                                     | CITY- ST- ZIP                                            |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | P                    | <input type="checkbox"/> Delete                                                     | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MANSO, ENRIQUE       |                                                                                     | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 15081 SW 154 TERRACE |                                                                                     | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MIAMI, FL            |                                                                                     | CITY- ST- ZIP                                            |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                     | CITY- ST- ZIP                                            |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                     | CITY- ST- ZIP                                            |                                                                                          |                                   |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                    | <input type="checkbox"/> Change                                                          | <input type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |                                                                                     | NAME                                                     |                                                                                          |                                   |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     | STREET ADDRESS                                           |                                                                                          |                                   |
| CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |                                                                                     | CITY- ST- ZIP                                            |                                                                                          |                                   |
| 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addressee, with all other like empowered. |                      |                                                                                     |                                                          |                                                                                          |                                   |
| SIGNATURE: <i>Loures Manso</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      | - Loures Manso                                                                      |                                                          | 4/26/07 305-591-3307                                                                     |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | Date                                                                                |                                                          | Office Phone #                                                                           |                                   |

40091235



01172007 Chg-P CRZE034 (12/06)

Applied For  
Not Applicable

FL Zip Code