


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000116424</b> 1. Entity Name <b>STARLITE AUTO BODY, INC.</b>	
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Principal Place of Business <b>3671 PROSPECT AVE RIVERA BEACH FL 33407</b>	Mailing Address <b>1532 43 STREET WEST PALM BEACH FL 33407</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE	CR2E034 (10/06)
4. FEI Number <b>65-1060571</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>MOSES, ROBERT 1532 43 STREET WEST PALM BEACH FL 33407</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <span style="float: right;"><b>FL</b> Zip Code _____</span>
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MOSES, ROBERT</b> <input type="checkbox"/> Delete <b>1532 43 STREET</b> <b>WEST PALM BEACH FL 33407</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-family: monospace;">             U0000000278              04/03/07-80073-002 150.00           </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>MOSES, YVONNE</b> <input type="checkbox"/> Delete <b>1532 43 STREET</b> <b>WEST PALM BEACH FL 33407</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 information.

**SIGNATURE:** *Yvonne Moses* **3/2/07 (561) 881-0073**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #