2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 02, 2004 08:00 AM Secretary of State **DOCUMENT # P01000091701** MARCEL'S BUMPER AUTOWORK CORP Mailing Address Principal Place of Business 8817 SW 129TH TERRACE 8817 SW 129TH TERRACE MIAMI, FL 33176-5905 MIAMI, FL 33176-5905 07122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 65-0617045 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LILAVOIS, MARCEL J DO NOT WRITE 8817 SW 129TH TERRACE MIAMI, FL 33176-5905 IN THIS SPACE 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. Sumature, typed or brinted name of recistered agent and file if applicable MOTE: Registered Agent Signature required when rolnstating) DATE 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. TITLE NAME LILAVOIS, MARCEL J **8817 SW 129TH TERRACE** STREET ADDRESS CITY-ST- ZIP MIAMI, FL 331765905 VD. TITLE LILAVOIS, ANA I NAME STREET ADDRESS **8817 SW 129TH TERRACE** CITY-ST-ZIP MIAMI, FL 331765905 7333 F STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE Mauri STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information succelled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurrate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this export 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.

SIGNATURE:

TRILE
NAME
STREET ADDRESS
CRY-ST-ZIP

NAME STREET ADDRESS GITY-ST- DP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July. 12. 42/4

Daytime Phone #

FILED