

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90054 048 \*\*\*150.00

66406883



MOORE CR2E034 (11/03)

DOCUMENT # P03000132411			
1. Entity Name ABA AUTOBODY AND PAINT, INC.		Principal Place of Business 10421 TWIGGS COURT ORLANDO FL 32825	
2. Principal Place of Business 500 IRENE STREET Suite, Apt. #, etc.		3. Mailing Address 500 IRENE STREET Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32805		Zip 32805	
Country ORANGE		Country ORANGE	
4. FEI Number 20-0394769		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIEU, TRUNG O 10421 TWIGGS COURT ORLANDO FL 32825		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 reinstating) DATE _____			
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trung Trieu <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trung Trieu Pres. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10421 Twiggs Court Orlando, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAN Trieu <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAN Trieu Sec. D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10421 Twiggs Court. Orlando, FL 32825
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied 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 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.			
SIGNATURE: <i>Trung Trieu</i>		SIGNATURE: <i>Trung Trieu</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TRUNG, TRIEU President	
		Date: 2/18/04 Daytime Phone #	