
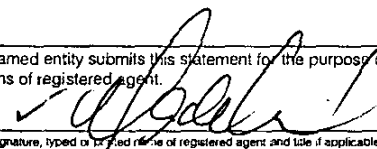
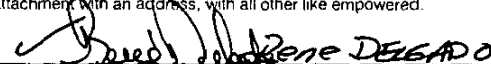


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90322 004 \*\*\*158.75

DOCUMENT # P04000053060			
1. Entity Name QUATTRO COLLISION INC.			
Principal Place of Business 1501 N.E. 120 ST. NORTH MIAMI, FL 33162		Mailing Address 1501 N.E. 120 ST. NORTH MIAMI, FL 33162	
2. Principal Place of Business 1501 N.E. 130th ST.		3. Mailing Address 1501 N.E. 130th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH MIAMI FL		City & State NORTH MIAMI FLORIDA	
Zip 33161		Zip 33161	
Country U.S		Country U.S	
4. FEI Number 06-1722379		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DELGADO, MODELIN 1501 N.E. 120 ST. NORTH MIAMI, FL 33162		7. Name and Address of New Registered Agent Name: DELGADO, MADELIN Street Address (P.O. Box Number is Not Acceptable): 1501 N.E. 130th STREET City: NORTH MIAMI FL Zip Code: 33161	
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:  MADELIN DELGADO DATE: 04/14/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, RENE 1501 N.E. 120 ST. NORTH MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D/T DELGADO, RENE 1501 N.E. 130th STREET NORTH MIAMI, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, DARIO 1501 N.E. 120 ST. NORTH MIAMI, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D/S RODRIGUEZ, DARIO 1501 N.E. 130th STREET NORTH MIAMI, FL 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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:  RENE DELGADO		Date: 04/14/2005 Daytime Phone #: 305-893-7632	