


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000080943

1. Entity Name
PROFESSIONAL AUTO FINISH, INC.



Principal Place of Business Mailing Address

**81 MAPLE LN
 BOYNTON BEACH, FL 33436** **81 MAPLE LN
 BOYNTON BEACH, FL 33436**

DO NOT WRITE IN THIS SPACE



05032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0710597 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAJJAR, JAMES
 81 MAPLE LANE
 BOYNTON BEACH, FL 33436**

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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
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAJJAR, KIM
STREET ADDRESS	81 MAPLE LANE
CITY - ST - ZIP	BOYNTON BCH, FL 33436
TITLE	VP
NAME	HAJJAR, JAMES
STREET ADDRESS	81 MAPLE LANE
CITY - ST - ZIP	BOYNTON BEACH, FL 33436
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 05/06/05-90027-015 150.00

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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:  Date: **05/13/05** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR