


**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.	
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Principal Place of Business 81 MAPLE LN BOYNTON BEACH, FL 33436	Mailing Address 81 MAPLE LN BOYNTON BEACH, FL 33436
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DO NOT WRITE IN THIS SPACE

05032005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0710597	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent Signature required when reappointing) 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 NAME STREET ADDRESS CITY - ST - ZIP	P HAJJAR, KIM 81 MAPLE LANE BOYNTON BCH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HAJJAR, JAMES 81 MAPLE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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UN0000364111
05/06/05-90027-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/05

Date

Daytime Phone #