


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000066089  
 1. Entity Name  
 BAYAMON AUTO BODY, INC.



Principal Place of Business      Mailing Address  
 3080 MICHIGAN AVE                      3080 MICHIGAN AVE  
 SUITE G                                      SUITE G  
 KISSIMMEE, FL 34744                      KISSIMMEE, FL 34744

**DO NOT WRITE IN THIS SPACE**



01132005      No Chg-P      CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-3590183                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 RIVERA, JOSE A  
 2453 OAK HOLLOW DRIVE  
 KISSIMMEE, FL 34744

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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: X Jose A. Rivera      DATE: 1-18-05  
(NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>RIVERA, JOSE<br>2453 OAK HOLLOW DRIVE<br>KISSIMMEE, FL 34744 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 01/24/05-80186-022 150.00

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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)(f), 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: X Jose A. Rivera      DATE: 1-18-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #