


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**


07-25-2005 90096 035 \*\*\*150.00

<b>DOCUMENT # 346838</b>	
1. Entity Name <b>3 POINTS PAINT &amp; BODY WORK, INC.</b>	

Principal Place of Business <b>3566 NW 32ND ST MIAMI, FL 33142</b>	Mailing Address <b>3566 NW 32ND ST MIAMI, FL 33142</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**50057216**



07122005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1282529</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>ARNEDO, CARLOS 7981 S.W 64 ST MIAMI, FL 33143</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

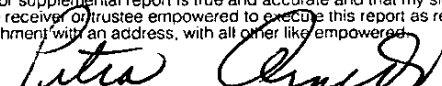
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DST ARNEDO, PETRA 7981 SW 64 ST MIAMI, FL 33143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD ARNEDO, CARLOS JR. 7981 SW 64TH ST MIAMI, FL 33143</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
**3 POINTS PAINT & BODY SHOP**

3566 N.W 32 ST MIAMI FL 33142  
(305) 634-9741 FAX (305) 634-7989

500572/16  
#346838

## **Fax**

**To:** Attn: CORPORATE DEPT. **From:** Carlos Arnedo

**Fax:** **Date:** 07/18/2005

**Re:** **CC:** pages

**WE SEND OUR REPORT BEFORE THE DATE LINE, WITH OUR  
\$150.00, NOW I RECEIPT A LATE FEE, WE NEVER PAID LATE  
OUR BUSINESS IS IN THE MARKET OFR 36 YEARS, WE A  
CHANCE, PLEASE, WE A WAIVER FOR THIS LATE FEE.  
ENCLOSED OUR REPORT AND PAYMENT.**

  
**ATT: PETRA ARNEDO**