

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 362346**  
1. Entity Name  
NORTH MIAMI BODY SHOP INC



Principal Place of Business  
12295 N E 13TH COURT  
NORTH MIAMI, FL 33161

Mailing Address  
12295 N E 13TH COURT  
NORTH MIAMI, FL 33161

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1290883

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JAMES SLOAN  
74 N.E. 150TH STREET  
MIAMI, FL 33161

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

UN00000184176  
01/20/05 80017-015-150.00

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SLOAN, JAMES  
STREET ADDRESS 74 N.E. 150TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE D  
NAME SLOAN, JAMES  
STREET ADDRESS 74 N.E. 150TH STREET  
CITY-ST-ZIP MIAMI, FL

TITLE VST  
NAME SLOAN, SANDRA  
STREET ADDRESS 74 N.E. 150TH STREET  
CITY-ST-ZIP MIAMI, FL

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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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)(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 #