2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 16, 2005 08:00 AM DOCUMENT # 587474 **Secretary of State** 1. Entity Name JOSE CABALLERO BODY SHOP INC. Mailing Address Principal Place of Business 4846 EAST 10TH COURT 4846 EAST 10TH COURT HIALEAH FL 33013 HIALEAH FL 33013 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-1854237 Not Applicable \$8,75 Additional Zìp Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CABALLERO, JOSE Street Address (P.O. Box Number is Not Acceptable) 3480 EAST 8TH LANE HIALEAH FL 33013 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. □ Change Addition TITLE PD ☐ Delete 11111 NAME CABALLERO, JOSE NAME U00000231695 02/16/05-80032-825 150.00 STREET ADDRESS 4846 EAST 10TH COURT STREET ADDRESS CITY-SI-ZIP HIALEAH FL CITY-ST-ZIP Change Addition ☐ Delete UUE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-S1-31P ☐ Change Addition HILE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DHE Change ☐ Addition UTLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-SI-ZIP CITY-ST-71P ☐ Change ☐ Addition RYLE ☐ Delete NAME STREET ADDRESS STRELT ADDRESS CLTY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #