


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90044 005 ***150.00

DOCUMENT # 587614

1. Entity Name
JORMAN BODY SHOP, INC.



Principal Place of Business Mailing Address

10475 S.W. 186TH LANE 10475 S.W. 186TH LANE
 MIAMI, FL 33157 MIAMI, FL 33157

2. Principal Place of Business 3. Mailing Address

10475 SW 186 LN *10475 SW 186 LN MIA FL 33157*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

MIAMI FL *MIAMI FL*

Zip Zip Country Country

33157 *33157* *USA* *USA*



01082004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MARQUEZ, JORGE L
 11981 SW 185 ST
 MIAMI, FL 33177

4. FEI Number Applied For

59-1814428 Not Applicable

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MARQUEZ, JORGE L	
STREET ADDRESS	10475 S.W. 186TH LANE	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARQUEZ, MARTHA	
STREET ADDRESS	10475 S.W. 186TH LANE	
CITY - ST - ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: _____ *1-8-04* *305 233-5868*

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