

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90186 024 ***150.00

DOCUMENT # 651223

1. Entity Name

R. & H. PAINT & BODY SHOP, INC.



Principal Place of Business

Mailing Address

1681 S.W. 67TH AVE.
WEST MIAMI FL 33155-1827

~~PO BOX 771524~~
~~MIAMI FL 33177~~



2. Principal Place of Business

3. Mailing Address

17424 SW 245 terr 17424 SW 245 terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

MIAMI, FL

City & State

MIAMI

4. FEI Number

59-1957016

Applied For

Not Applicable

Zip

33031

Country

Dade

Zip

33031

Country

Dade

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JR., REINALDO
P.O. BOX 771524
WEST FL 33177

Name

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

17424 SW 245 terr

City

MIAMI

FL

Zip Code

33031

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

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VD ☐ Delete
NAME HERNANDEZ, REYNALDO (JR)
STREET ADDRESS P.O. BOX 771524
CITY-ST-ZIP MIAMI-FL-33177

TITLE ☒ Change ☐ Addition
NAME 17424 SW 245 terr
STREET ADDRESS MIAMI, FL 33031
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Reynaldo Hernandez* Reynaldo Hernandez 2/24/06 (305) 252-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #