


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 692414
 1. Entity Name
GINACHO'S AUTOMOBILE SERVICE, INC.



Principal Place of Business Mailing Address
 14221 SW 140 ST 14221 SW 140 ST
 MIAMI, FL 33186 US MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE



01272004 No Chg-P CR2E034 (10/03)

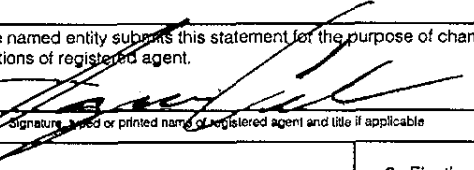
4. FEI Number Applied For
 59-2578564 Not Applicable

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

6. Name and Address of Current Registered Agent
 CENDOYA, IGNACIO
 10165 SW 111 STREET
 MIAMI, FL 33176

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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:  DATE: 1/22/04

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000135937
 04/28/04-80075-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	CENDOYA, IGNACIO
STREET ADDRESS	10165 SW 111 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	ST
NAME	CENDOYA, GINA ANN
STREET ADDRESS	10165 SW 111 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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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:  DATE: 1/22/04 Daytime Phone #: 305-257-5449

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