


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 A
Secretary of State

DOCUMENT # F37031 1. Entity Name REINALDO PAINT & BODY SHOP, INC.	
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Principal Place of Business 7700 NW 72ND AVE MEDLEY, FL 33166	Mailing Address 7700 NW 72ND AVE MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2095840	Applied For <input type="checkbox"/> Not Aspects
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVOA, JUANA M
7700 NW 72ND AVE
MEDLEY, FL 33166

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6. 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 _____
Signature typed or printed in block in previous agent and title if applicable. (NOTE: If registered agent separate form (FD-100) is used.)

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

9. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO NOVOA, JUANA N 1420 SW 126 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOVOA, REINALDO 1420 SW 126 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOVOA, REINALDO M 12655 SW 21ST STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VEGA, PEDRO 1257 W, 79 ST, HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-80040-022 158.75

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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)(b), 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 typed 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 "D" or Block "E" if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 1-7-04 305-385-4080
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Continuation Page #