


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # F84490
 1. Entity Name
M.S.D. AUTO BODY, INC.



Principal Place of Business Mailing Address
2093 NE 160TH ST **2093 NE 160TH ST**
NORTH MIAMI BEACH, FL 33162 **NORTH MIAMI BEACH, FL 33162**

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2200894

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

6. Name and Address of Current Registered Agent
TEVINI, HELMUT
2093 NE 160TH STREET
NORTH MIAMI BEACH, FL 33162

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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 _____
Registered Office of the Secretary of State, Tallahassee, Florida Mailing Address of the Registered Agent, Tallahassee, Florida Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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.D. | TEVINI, HELMUT |
| STREET ADDRESS | 2093 NE 160TH STREET |
| CITY ST ZIP | NORTH MIAMI BEACH, FL 33162 |
| TITLE S.T.D. | TEVINI, LYDIA |
| STREET ADDRESS | 2093 NE 160TH ST |
| CITY ST ZIP | NORTH MIAMI BEACH, FL 33162 |
| TITLE T. | TEVINI, SEPP |
| STREET ADDRESS | 2093 NE 160TH ST |
| CITY ST ZIP | MIAMI, FL 33162 |
| TITLE D. | TEVINI, TYLA |
| STREET ADDRESS | 2093 NE 160TH ST |
| CITY ST ZIP | MIAMI, FL 33162 |
| TITLE F.A.M.E. | |
| STREET ADDRESS | |
| CITY ST ZIP | |
| TITLE F.A.M.E. | |
| STREET ADDRESS | |
| CITY ST ZIP | |

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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or subsequent reports 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 a power of attorney.

SIGNATURE: *Lydia Tevini* *1/6/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR