2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84490

TEVINI, TYLA

2093 NE 160TH ST

MIAMI, FL 33162

Name:

Address:

City-St-Zip:

FILED Jan 03, 2006 Secretary of State

Entity Name: M.S.D. AUTO BODY, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
2093 NE 16 NORTH MI	SOTH ST AMI BEACH, F	L 33162			
Current Mailing Address:			New Mailing Address:		
2093 NE 16 NORTH MI	SOTH ST AMI BEACH, F	L 33162			
FEI Number:	59-2200894	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:	
TEVINI, HELMUT 2093 NE 160TH STREET NORTH MIAMI BEACH, FL 33162 US			2093 NE 160TH STREE	TEVINI, HELMUT PRESIDE 2093 NE 160TH STREET NORTH MIAMI BEACH, FL 33162 US	
The above in the State		ubmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: HELMUT TEVINI				01/03/2006	
	Electroni	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TEVINI, HELMUT 2093 NE 160TH		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	TEVINI, LYDIA 2093 NE 160TH	Delete ST EACH, FL 33162	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () TEVINI, SEPP 2093 NE 160TH MIAMI, FL 3316		Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D ()	Delete	Title: () Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: HELMUT TEVINI P 01/03/2006