

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2004 08:00 AM
Secretary of State

DOCUMENT # G67968 1. Entity Name MIRAMAR AUTO BODY, INC.				
Principal Place of Business 2010 S. W. 100 AVENUE MIRAMAR, FL 33025		Mailing Address 2010 S. W. 100 AVENUE MIRAMAR, FL 33025		
DO NOT WRITE IN THIS SPACE				
				 04092004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2352801		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZARZA, JOSE L 2010 S. W. 100 AVENUE MIRAMAR, FL 33025				DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating</small> DATE _____				
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				DO NOT WRITE IN THIS SPACE U000000161206 05/21/04-80004-021 150.00
TITLE	STD			
NAME	ZARZA, CINDY			
STREET ADDRESS	2010 SW 100 AVE			
CITY - ST - ZIP	MIRAMAR, FL			
TITLE	PD			
NAME	ZARZA, JOSE			
STREET ADDRESS	2010 SW 100 AVE			
CITY - ST - ZIP	MIRAMAR, FL			
TITLE				DO NOT WRITE IN THIS SPACE
NAME				
STREET ADDRESS				
CITY - ST - ZIP				
TITLE				
NAME				DO NOT WRITE IN THIS SPACE
STREET ADDRESS				
CITY - ST - ZIP				
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:  JOSE ZARZA		5-20-04		(954) 931-8323
<small>SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>