## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H24850

KUMÁR'S AUTO BODY, INC.



**FILED** Apr 27, 2006 08:00 AN Secretary of State

Daytima Phone #

Principal Place of Business

311 SE 2ND AVENUE DELRAY BEACH, FL 33483-4459 US Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

311 SE 2ND AVENUE DELRAY BEACH, FL 33483-4459 US



DO	NOT	WRITE	IN	THIS	SPA	CF
	116.7	**!				

04172006	No Chg-P	CR2E034 (11/05)		
4. FEI Number	,		Applied For	
59-2450	598		Not Applicable	
5. Certificate of Status Desired			\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMNARACE, KUMAR 625 SE 4TH PL DELRAY BEACH, FL 33444

SIGNATURE: X

## 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution							
10,	OFFICERS AND DIREC	CTORS		·					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RAMNARACE, KUMAR 625 SE 4TH PL DELRAY BEACH, FL			U00000537304 05/09/06-80012-012 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME		<u> </u>							
STREET ADDRESS CITY-ST-ZIP									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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.									