

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K21515

FILED
Apr 25, 2005
Secretary of State

Entity Name: NORTH DADE AUTO BODY, INC.

Current Principal Place of Business:

16600 NW 57 AVE.
MIAMI, FL 33014

New Principal Place of Business:

Current Mailing Address:

16600 NW 57 AVE.
MIAMI, FL 33014

New Mailing Address:

FEI Number: 65-0049073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD
SUITE #600
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

AUSTIN, MICHELLE
2333 PONCE DE LEON BLVD
SUITE #550
CORAL GABLES, FL 33134 US

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.

SIGNATURE: MICHELLE AUSTIN

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: FRIEDER, BARRY
Address: 2333 PONCE DE LEON BV SUITE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: HYMAN, ROBERT,
Address: 16600 NW 57 AVENUE
City-St-Zip: MIAMI, FL 33014

Title: T () Delete
Name: YUSKO, DAVID A
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: VPAS () Delete
Name: FARR, VERONICA
Address: 2333 PONCE DE LEON BLVD STE 600
City-St-Zip: CORAL GABLES, FL 33134

Title: DVP () Delete
Name: POTAMKIN, ROBERT
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

Title: D/P () Delete
Name: POTAMKIN, ALAN
Address: 2333 PONCE DE LEON BLVD #600
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: VERONICA FARR

VP

04/25/2005

Electronic Signature of Signing Officer or Director

Date