03/11/2006 13:30 3052792544 OSCAR DURAI

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State
03-21-2006 90027 009 ***150.00

DOCUMENT # K48641

1. Entity Name
PROFESSIONAL PAINT AND BODY SHOP INC.

Principal Place of Business	Mailing Address
C/O JOSE ANCIZA LOAIZA 1450 PALM AVENUE HIALEAH, FL 33010	C/O JOSE ANCIZA LOAIZA 1450 PALM AVENUE HIALEAH, FL 33010

400035368

02282006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0093411

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOAIZA, JOSE ANCIZA
1450 PALM AVENUE
HIALEAH, FL 33010

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $500.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	Loaiza José Anciser
STREET ADDRESS	9-79 E 20 ST
CITY-ST-ZIP	Hialeah, Fl 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 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: _____ 03-15-06.
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #