


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K67723 1. Entity Name MIAMI PAINT & BODY SHOP CORP.	
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Principal Place of Business % WALKYRIA HERRERA 3423 NW 36TH STREET MIAMI, FL 33142	Mailing Address % WALKYRIA HERRERA 3423 NW 36TH STREET MIAMI, FL 33142
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02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 65-0142227	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERRERA, WALKYRIA 3423 NW 36TH STREET MIAMI, FL 33142

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 of the individual or entity registered agent and the Secretary of State (if the Registered Agent is a corporation or other entity) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P HERRERA, WALKYRIA 3423 NW 36TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	D HERRERA, WALKYRIA 3423 NW 36 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	ST BERMUDEZ, LUIS 3423 NW 36TH ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Walkyria Herrera* **WALKYRIA M. HERRERA** 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day Month Year