

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # K67723

1. Entity Name
MIAMI PAINT & BODY SHOP CORP.



Principal Place of Business

**% WALKYRIA HERRERA
3423 NW 36TH STREET
MIAMI, FL 33142**

Mailing Address

**% WALKYRIA HERRERA
3423 NW 36TH STREET
MIAMI, FL 33142**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0142227

Applied For
Not Application

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

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, typed or printed name of registered agent and title of applicant

(NOTE: Register on Agent's signature required when changing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U000000351673
05/02/05 00156-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HERRERA, WALKYRIA**
STREET ADDRESS **3423 NW 36TH ST**
CITY ST ZIP **MIAMI, FL**

TITLE **D**
NAME **HERRERA, WALKYRIA**
STREET ADDRESS **3423 NW 36 STREET**
CITY ST ZIP **MIAMI, FL**

TITLE **ST**
NAME **BERMUDEZ, LUIS**
STREET ADDRESS **3423 NW 36TH ST**
CITY ST ZIP **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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE OF FILING

Walkyria M. Herrera (WALKYRIA M. HERRERA) 4/29/05