

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 050 \*\*\*150.00

<b>DOCUMENT # K72487</b> 1. Entity Name <b>MIAMI CUSTOM BODY SHOP, INC.</b>					
Principal Place of Business <b>8040 NW 67TH ST MIAMI, FL 33166</b>			Mailing Address <b>8040 NW 67TH ST MIAMI, FL 33166</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-0106703</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				07172008    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>PERDOMO, PASCUAL JR 8040 NW 67TH ST MIAMI, FL 33166</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP PERDOMO, PASCUAL JR 8040 NW 67TH ST MIAMI, FL 33166</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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.					
<b>SIGNATURE:</b> 			7/23/08      786 331 7475		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		

~~ATTACHMENT~~

60045551

TO: FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
P.O.BOX 8700  
TALLAHASSEE, FLORIDA 32314

FROM: MIAMI CUSTOM BODY SHOP, INC  
8040 NW 67<sup>TH</sup> ST  
MIAMI, FL 33166

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July 9, 2008

To Whom It May Concern:

Enclose please find check for \$150.00 for the Annual Report 2008 Document No.K72487

We never received any communication from your office.

Please abate any penalty you charge.

We apologies for any inconvenience this may cause

Thanks

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Pascual Perdomo/President

