## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 28, 2008 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				rep 28, 2008 va:vo				
DOCU	MENT # K73799					Secreta	ary of Sta	
1. Entity Nam COLON F	PAINT & BODY SHOP, INC.							
Principal Plac 2001 W. 62 HIALEAH, FL		Mailing Address 2001 W. 62 ST HIALEAH, FL 33016 US		1 	1888 IRN IZBA IBNO R	II BIBII BIBII BIBII BIRRI	ETHT BAKARAK II KEN	
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DO NOT WRITE IN THIS SPA			CE	01172008 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For				
٠ ,			3 , ·	65-010 5. Certificate	7072 of Status Desired	□ \$8.7	Not Applicable  75 Additional	
<u> </u>	6. Name and Address of Current R	egistered Agent	F	L		Fee F	Required	
GRILLO, ROLANDO 2001 W 62 STREET				DO	NOT W	RITE		
HIALEAH,	FL 33016	IN THIS SPACE						
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	red office or register	ed agent, or bo	h, in the State of Flo	orida. I am familia	ar with, and accept	
SIGNATURE	- ·							
	Signature, typed or printed name of registered agent ar	d tille il applicable. (NOTE: Registere	ed Agent signature required	(when reinstating)		DATE	22. 3	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.				.00 May Be ed to Fees			#	
10.	OFFICERS AND D	RECTORS		· · · · ·	, ,			
NAME STREET ADDRESS	PD GRILLO, ROLANDO 2001 W 62 ST				· · · · · · · · · · · · · · · · · · ·	•		
TITLE NAME STREET ADDRESS	HIALEAH, FL 33016		***		00000 03/11/00	00842523 3-80035-0	10 150.00	
CITY-ST-ZIP			<b>}</b> ,	, , , , , , , , , , , , , , , , , , ,				
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS				IN THIS SPACE				
CITY-ST-ZIP						•		
NAME STREET ADDRESS CITY-ST-ZIP			900 (200) 3 (200)		•			
TITLE NAME STREET ADDRESS					18 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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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.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_