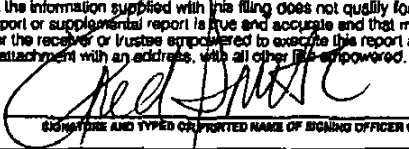
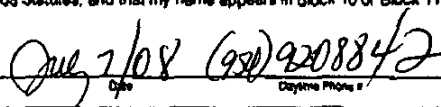


Jul. 6. 2008 11:41PM

HOFFMAN, LEVY & BENGIO

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED****Jul 09, 2008 8:00 am
Secretary of State**

07-09-2008 90019 044 ***150.00

DOCUMENT # K84419					
1. Entity Name CAR CRAFT COLLISION, INC.					
Principal Place of Business 2004 TIGERTAIL BLVD. BLDG. 8 DANIA, FL 33004			Mailing Address 2004 TIGERTAIL BLVD. BLDG. 8 DANIA, FL 33004		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 85-0117707				Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07072008 Chg-P CR2E034 (12/08)	
6. Name and Address of Current Registered Agent SMITH, FRED 2004 TIGERTAIL BLVD. DANIA, FL 33004			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when resigning) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, FRED 2004 TIGERTAIL BLVD. DANIA, FL 33004	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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					

40109835

