2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90278 005 ***150.00

DOCUMENT # L31795

1. Entity Name
SUNRAE AUTO BODY INC.

Principal Place of Business	Mailing Address
4255 WESTROADS DR. 4261 WESTROADS DR W. PALM BEACH, FL 33407-1239 US	SUNRAE AUTO BODY, INC. 4255 WESTROADS DRIVE WEST PALM BEACH, FL 33407 US

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1452 10TH COURT	1452 10TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE PARK FL	City & State: LAKE PARK FL
Zip: 33403 Country	Zip: 33403 Country

4. FEI Number: 65-0192410 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GAMPOLO, ANTHONY
4255 WEST ROADS DR
W. PALM BEACH, FL 33413

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1452 10TH COURT

City LAKE PARK FL Zip Code 33403

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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GAMPOLO, PATRICIA J. 4255 WESTROADS DRIVE W. PALM BEACH, FL 33407	☐ Delete	 1452 10TH COURT LAKE PARK FL 33403	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GAMPOLO, ANTHONY 4255 WESTROADS DR WEST PALM BEACH, FL 33407	☐ Delete	 1452 10TH COURT LAKE PARK FL 33403	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Anthony Gampolo 4/27/04 561-840-9119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #