

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M09651

1. Entity Name
MASTER PAINT & BODY SHOP, INC.



Principal Place of Business
3795 N.W. 28TH ST.
MIAMI, FL 33142-6202

Mailing Address
3795 N.W. 28TH ST.
MIAMI, FL 33142-6202

FILED

04 JUL 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07212004 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-2487169

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRITO, JOSE M.
4120 S.W. 125TH AVE.
MIAMI, FL 33175

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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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

TITLE	PD
NAME	PETISCO, MARTA
STREET ADDRESS	3795 N.W. 28TH ST.
CITY-ST-ZIP	MIAMI, FL 331426202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800039731308
07/30/04-01041-020 **150.00

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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

Daytime Phone #

7/21/04 (305) 821-6232