

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 8:00 am
Secretary of State

02-09-2006 90036 003 ***150.00

DOCUMENT # M45610

1. Entity Name
M.R. PAINT AND BODY SHOP, INC.



Principal Place of Business
C/O 8725 NW 117 STREET, BAY 5-6
HIALEAH GARDENS, FL 33016

Mailing Address
C/O 8725 NW 117 STREET, BAY 5-6
HIALEAH GARDENS, FL 33016

00001896



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2765855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEJEDA, LUISA
8125 NW 117 STREET BAY 5-6
HIALEAH GARDEN, FL 33016

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	0
NAME	TEJEDA, LUISA M
STREET ADDRESS	8725 NW 117 STREET BAY 5&6
CITY-ST-ZIP	HIALEAH GARDENS, FL 33016

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Luisa M Tejada
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-06
Date Daytime Phone #