2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # M50068 1. Entity Name E A BODY & MECHANICAL WORK, INC. Principal Place of Business Mailing Address 12459 S.W. 130TH STREET 12459 S.W. 130TH STREET **BAY 17 BAY 17** MIAMI, FL 33186 _MIAMI, FL 33186 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0023840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAHECHA, NOHEMI DO NOT WRITE 12459 S.W. 130TH STREET **BAY 17** IN THIS SPACE MIAMI, FL 33186 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 reinstalling) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE MAHECHA, ALEXANDRA P NAME STREET ADDRESS 12459 S.W. 130TH STREET, BAY 17 MIAMI, FL 33186 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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: & MOLLEY Malello NOHEN, MANICHA

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP