2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M50068

E A BODY & MECHANICAL WORK, INC.



FILED Jun 05, 2006 08:00 AM Secretary of State

Principal Place of Business

12459 S.W. 130TH STREET

BAY 17

MIAMI, FL 33186

Maiting Address

12459 S.W. 130TH STREET

BAY 17

MIAMI, FL 33186



05252006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0023840

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional

6. Name and Address of Current Registered Agent

MAHECHA, NOHEMI 12459 S.W. 130TH STREET **BAY 17** MIAMI, FL 33186

Signature, typed or printed name of registered agent and title if applicable

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.

(NOTE: Registered Agent aignature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$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.

- U00000566732

٠., Due by September 6, 2006 Trust Fund Contribution. 1.7 OFFICERS AND DIRECTORS 10. JIME MAHECHA, ALEXANDRA P NAME STREET ADDRESS 12459 S.W. 130TH STREET, BAY 17 MIAMI, FL 33186 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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

12. Thereby 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.

CITY-ST-ZIP

STREET ADDRESS - CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOKETTI, A. MAHECHA