

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90065 029 ***150.00

DOCUMENT # M50095

1. Entity Name
GONZALEZ BROTHERS BODY SHOP, INC.



Principal Place of Business

3492 NW 54TH ST
MIAMI, FL 33142

Mailing Address

3492 NW 54TH ST
MIAMI, FL 33142

50065417



08252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2797709

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, NELSON
890 E. 10TH AVE
HIALEAH, FL 33010

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GONZALEZ, NELSON
STREET ADDRESS	890 E. 10TH AVE.
CITY- ST- ZIP	HIALEAH, FL 33010
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	

**DO NOT WRITE
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 #

ATTACHMENT
SD065417

Gonzalez Brother Body Shop Inc.
3492 NW 54th Street
Miami, FL 33142

August 25, 2005

Re: Fee Waiver (Document No. M50095)

Division of Corporation
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

This letter is to formally inform you that the reason we are late on this payment is that we did not receive the appropriate forms from our accountant at the time, who is no longer employed by us, as he was not performing his duties as necessary. We are truly sorry about this and are respectfully requesting that any accrued late fees be waived. Included with this letter is a payment for \$ 150 that is currently due.

Very truly yours,



Nelson Gonzalez