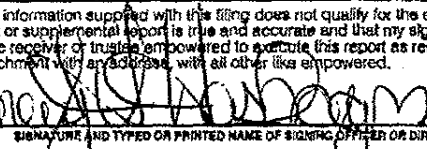


FILED**May 03, 2004 08:00 AM**
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000017522 1. Entity Name TECH MASTER AUTO REPAIR OF PALM BEACH INC.			
Principal Place of Business 29 S.E. 10TH ST. DEERFIELD BEACH, FL 33441		Mailing Address 29 S.E. 10TH ST. DEERFIELD BEACH, FL 33441	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent HASHAGEN, CHERYL 29 S.E. 10TH ST. DEERFIELD BEACH, FL 33441		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 reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HASLEGEN, ROBERT 29 S.E. 10TH ST DEERFIELD BEACH, FL 33441	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HASHAGEN, CHERYL 29 SE 10TH ST DEERFIELD BEACH, FL 33441		
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 any address, with all other like empowered.			
SIGNATURE: 		43004 9545749818	



04282004 No Chg P CR2E034 (10/03)

 4. FBI Number **65-0989554**

Applied For
Not Applicable

 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
DO NOT WRITE IN THIS SPACE**DO NOT WRITE IN THIS SPACE**
 000000148383
 05/03/04-BQ169-001 150.00