

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P0000033464**  
 1. Entity Name  
**Nedley Paint & Body Shop, Inc**



FILED  
 04 FEB -6 AM 10:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**52 W 14th St**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**HIWALEAH, FL**

City & State

Zip **33010** Country

4. FEI Number **65-0996627** Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
 Name **DIANELIS SARMIENTO REYES**  
 Street Address (P.O. Box Numbers Not Acceptable)  
**52 W 14th St**  
**HIWALEAH**  
 City **FL** Zip Code **33010**

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]* DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pd DIANELIS SARMIENTO REYES 52 W 14th St HIWALEAH FL 33010</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		<b>200029947942 03/05/04--D1028--029 **\$500.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034B (12/02)

Division of Corporations  
P.O.BOX 6327  
Tallahassee, Fl 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 600.00 for the annual report fee with my application.

Please be advise that we moved to 52 W 14<sup>TH</sup> St HIALEAH , Fl 33133 since December of 2000 and we not received the U.B.R. for the year 2001,2202,2003 or any other notice from the Division of Corporations in respect with my Corporation **MEDLEY PAINT & BODY SHOP, INC.**

  
**DIANELIS SARMIENTO REYES**  
**PRESIDENT.**