2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

| | | AIIIIOAI | LKEFOKI | Secretary of State | | | | |
|---------------------------------------|---|--|---------------------------------------|--|----------------------------------|---|---------|--|
| | DOCUMENT # P0000033464 1. Entity Name MEDLEY PAINT & BODY SHOP, INC. | | | | 05-02-2005 90454 024 ***150.00 | | | |
| | | | | | | | | |
| | Principal Place | e of Business | Mailing Address | | | 1377 | | |
| | 52 W 14TH ST. | | 52 W 147H ST. | | 400 | 40071377 | | |
| | HIALEAH, FL 33010 HIA | | HIALEAH, FL 33010 | HIALEAH, FL 33010 | | | | |
| | | | | | | BERNY CHIES IN BRING SIENE CHAN GERNES JE DEN | | |
| | 2. Principal Place of Business / 3. Mailing Address | | | | | | | |
| 12901 Alexandria Pr | | T Alexandria Pr. | SZME | | A INDICATE OF STATE OF STATES | MENTS MUNICULENT CTIMUS INTERNITURATION MUNICIPALITY († 1888) | ı | |
| Suite, Apt. #, etc. | | #, etc. | Suite, Apt. #, etc. | | 04182005 Chg-P CR2E034 (10/03) | | | |
| | City & State | ocya, FL | City & State | | 4. FEI Number 65-0996627 | Applied Fo | | |
| | 330 | ry country 52 | Zip | Country | 5. Certificate of Status Desired | Fee Required | | |
| | | ⁷ 6. Name and Address of Current | 7. Name and Address of Nev | 7. Name and Address of New Registered Agent | | | | |
| REYES, DIANELIS S | | | | Name Dic | Name Dianelis S Meyes | | | |
| 52 W 14TH STREET HIALEAH, PL 33010 | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | 1290 | 12901 Alexandria Dr. | | | | |
| | | | City DPA | | | | | |
| | 8. The above | named entity subraits this statement f | [| 13301 | cept | | | |
| i | the obligat | ions of registered agent. | | | | | | |
| SIGNATURE Y Obos | | | | | | | | |
| | | Signature, typed or printed name of registered agen | nt and title if applicable. (NOTE: | Registered Agent signature requ | uired when reinstating) | DATE | | |
| | | \ E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550. | 9. Election Campaig Trust Fund Contri | | 55.00 May Be added to Fees | | | |
| | 10, | OFFICERS AND | D DIRECTORS | 11. | / ADDITIONS/CHANGES TO C | PFFICERS AND DIRECTORS IN 11 | | |
| | TITLE | PD | Delete | TITLE PO | 1 - 0 | ☐ Change ☐ Add | dition | |
| | NAME | REYES, DIANELIS S | | - I | Anelis S. Meye 901 Alexandrio |) // - | | |
| | STREET ADDRESS | 52 W 14TH ST | | STREET ADDRESS / | PALOCYA, FL 33 | 0.04 | | |
| | CITY-ST-ZIP | HIALEAH, FL 33810 | | CITY-ST-ZIP 0 | THUCHII, PL 33 | | | |
| | TITLE NAME | | ☐ Delete | TITLE NAME | | ☐ Change ☐ Ado | 1/110/1 | |
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| | STREET ADDRESS | | | STREET ADDRESS | | | | |
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| | NAME Street address | | | NAME STREET ADDRESS | | | | |
| 1 | CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| | TITLE | | ∏ ∩elete | TITLE | | □ Change □ åde | dition | |
| | | | | | | | | |

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone ≢