

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90454 024 ***150.00

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DOCUMENT # P00000033464			
1. Entity Name MEDLEY PAINT & BODY SHOP, INC.			
Principal Place of Business 52 W 14TH ST. HIALEAH, FL 33010		Mailing Address 52 W 14TH ST. HIALEAH, FL 33010	
2. Principal Place of Business 12901 Alexandria Dr. Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Opalocka, FL		City & State	
Zip 33054	Country USA	Zip	Country
6. Name and Address of Current Registered Agent REYES, DIANELIS S 52 W 14TH STREET HIALEAH, FL 33010		7. Name and Address of New Registered Agent Name: Dianelis S Reyes Street Address (P.O. Box Number is Not Acceptable): 12901 Alexandria Dr. City: OPALOCKA FL Zip Code: 33054	
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: <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, DIANELIS S 52 W 14TH ST HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Dianelis S. Reyes 12901 Alexandria Dr OPALOCKA, FL 33054 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date _____ Daytime Phone # _____	