



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000070023</b> 1. Entity Name <b>SANTI'S AUTO BODY SHOP, INC.</b>						FILED CLERK OF STATE DIVISION OF CORPORATION <b>04 JAN 26 PM 3:34</b>		
Principal Place of Business <b>2090 SOUTHWEST 71ST TERRACE BAYG1 DAVIE, FL 33317</b>				Mailing Address <b>2090 SOUTHWEST 71ST TERRACE BAYG1 DAVIE, FL 33317</b>				
2. Principal Place of Business		3. Mailing Address		 01152004 Chg-P CR2E034 (10/03)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip		Country		Zip		Country		
4. FEI Number <b>65-1025469</b>				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
<b>LABORI, ARMANDO 2090 SW 71 TERRACE DAVIE, FL 33317</b>				Name <b>LAMELAS, WILLY L</b> Street Address (P.O. Box Number is Not Acceptable) <b>2090 SW 71 TERR</b> City <b>DAVIE</b> FL Zip Code <b>33317</b>				
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 <u>Willy L. Labeles</u> <b>WILLY L LAMELAS - PRES</b> <u>01/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>								
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>PD LABORI, ARMANDO II 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD LAMELAS, WILLY L 2090 SW 71 TERR DAVIE FL 33317</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LATORRE, YVETTE C 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>2090 SW 71 TERR</b>			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LATORRE, YVETTE C 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD LATORRE, SANTIAGO 2090 SW 71 TERR DAVIE FL 33317</b>			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LATORRE, YVETTE C 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>700028312157 02/06/04--01003--007 **150.00</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LATORRE, YVETTE C 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD LATORRE, YVETTE C 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317</b>			<input 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)(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: <u>Willy L. Labeles</u> <b>WILLY L LAMELAS - PRES</b> <u>01/20/04</u> <u>(954) 916-0030</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>								