


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 7:57

DOCUMENT # P00000070023					
1. Entity Name SANTI'S AUTO BODY SHOP, INC.					
Principal Place of Business 2090 SOUTHWEST 71ST TERRACE BAYG1 DAVIE, FL 33317			Mailing Address 2090 SOUTHWEST 71ST TERRACE BAYG1 DAVIE, FL 33317		
2. Principal Place of Business 2090 SW 71 TERR		3. Mailing Address 2090 SW 71 TERR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1025469	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAMELAS, WILLYDO L 2090 SW 71 TERRACE DAVIE, FL 33317			7. Name and Address of New Registered Agent LATORRE SANTIAGO 2090 SW 71 TERR BAY G 1 DAVIE FL 33317		
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 Santiago Latorre (Signature, typed or printed name of registered agent if not applicable) SANTIAGO LATORRE (NOTE: Registered Agent signature required when reinstating) 09/15/05 DATE					
FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMELAS, WILLY L 2090 SOUTHWEST 71ST TERRACE DAVIE, FL 33317 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200059869872 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/22/05--01034--011 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LATORRE, YVETTE C 2090 SW 71 TERR. DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATORRE, SANTIAGO 2090 SW 71 TERR. DAVIE, FL 33317 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Santiago Latorre SANTIAGO LATORRE-PRES 09/15/05 (954) 916-0030 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					