

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000070023 1. Entity Name SANTI'S AUTO BODY SHOP, INC.						FILED 07 JUL 13 AM 9:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2240 SW 70 AVE UNIT G DAVIE, FL 33317		Mailing Address 2240 SW 70 AVE UNIT G DAVIE, FL 33317					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-1025469				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LATORRE, SANTIAGO 2240 SW 70 AVE UNIT G DAVIE, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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 STD <input checked="" type="checkbox"/> Delete NAME LATORRE, YVETTE C STREET ADDRESS 2240 SW 70 AVE, UNIT G CITY-ST-ZIP DAVIE, FL 33317				TITLE VP3D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 700106647157 STREET ADDRESS 07/24/07--01056--013 **150.00 CITY-ST-ZIP			
TITLE PD <input type="checkbox"/> Delete NAME LATORRE, SANTIAGO STREET ADDRESS 2240 SW 70 AVE, UNIT G CITY-ST-ZIP DAVIE, FL 33317				TITLE PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SCULLY, LEADY STREET ADDRESS 2240 SW 70 AVE UNIT G CITY-ST-ZIP DAVIE, FL 33317			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Leady Scully</i> LEADY SCULLY - PRESIDENT 07/10/07 (954) 916-0030 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							