2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 28, 2004 08:00 AM Secretary of State DOCUMENT # P00000072155 1. Entity Name AUTOMIAMI PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address 7304 S.W. 42ND STREET MIAMI FL 33155 7304 S.W. 42ND STREET MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 65-1029489 Not Applicable Zŧp Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARRERO, EMILIO D JR Street Address (P.O. Box Number is Not Acceptable) 7304 SW 42ND STREET **MIAMI FL 33155** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Abent signature required when revisitation) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. POVD TITLE Delete TITLE ☐ Change Addition CARRERO, EMILIO D JR MAME NAME U00000019251 STREET ADDRESS 15554 S.W. 25TH STREET STREET ADDRESS 01/29/04-80018-014 150.00 C/TY-ST-20P MIRAMAR FL 33027 CITY-ST-ZIP TETLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-28 CITY-ST-ZIP Delete TEEF TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-78P CHY-ST-76P Delete TITLE 31T) F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TEFLE BILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP 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, if 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 attactionant-with an address, with all other like empowered.

FILED