

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 19, 2006 8:00 am
Secretary of State

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01092006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000093656					
1. Entity Name COLORMAX AUTO BODY SUPPLY, INC.					
Principal Place of Business 5676 FUNSTON STREET HOLLYWOOD, FL 33023			Mailing Address 2080 NW BOCA RATON BLVD. SUITE 6 BOCA RATON, FL 33431		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1045941	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUBIN, GARY 2080 NW BOCA RATON BLVD. #6 BOCA RATON, FL 33421				7. Name and Address of New Registered Agent Name <u>ARMONDO HERNANDEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>14581 SW 114TH Terrace</u> City <u>Miami</u> FL <u>33186</u>	
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>B. J. Calamin V.P.</u> DATE <u>1/16/06</u> <small>Signature typed or printed name of registered agent should be applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	P HERNANDEZ, ARMONDO 14581 SW 114TH TERRACE MIAMI, FL 33186	<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	
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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: <u>B. J. Calamin V.P.</u>			Date <u>1/16/06</u> 954-989-9480		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					