


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000105068	
1. Entity Name PROCAR AUTO BODY & PAINT, INC.	

Principal Place of Business 1705 NORTH DIXIE HWY POMPANO BEACH, FL 33060	Mailing Address 1705 NORTH DIXIE HWY POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



02142008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3379059	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

VALENTIM FAIOTTO, RICARDO
1705 NORTH DIXIE HWY
POMPANO BEACH, FL 33060

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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000830324 02/26/08-80079-003 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST VALENTIM FAIOTTO, RICARDO 397 NW 107 TERRACE CORAL SPRINGS, FL 33071
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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 an other like empowered.

SIGNATURE: Ricardo Valentim Faiotto **RICARDO VALENTIM FAIOTTO** 02/14/08 954-784-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #