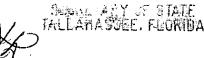
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000011065 1. Entity Name

VOLVO BODY SHOP CORP.



03 FEB 13 PM 1: 37



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 7211 W 24 AVE 6010 NW 77 CT Suite, Apt. #, etc. Suite, Apt. #, etc. 2359 City & State City & State 4. FEI Number 65-1073722 MIAMI, FLORIDA HIALEAH, FLORIDA Zip 33166 Country 5. Certificate of Status Desired DADE 33016 DADE

DO NOT WRITE IN THIS SPACE

Not Applicable \$8.75 Additional Fee Required

Applied For

DO NOT WRITE IN THIS SPACE

OFFICERS AND DIRECTORS

7. Name and Address of Current Registered Agent	
Name LAZARO SERRA	
Street Address (P.O. Box Number is Not Acceptable)	_
	_

7211 W 24 AVE. # 2359

City HIALEAH

33016

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.

200012392663 02/12/03--01073--015 **150.00

Signature, typed or printed name of registered agent and little if applicable. January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25

Make Check Payable to Florida Department of State

SIGNATURE

10.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

TITLE TITLE LAZARO SERRA **200012392662** 02/12/03--01073--016 **61.25 **PSTD** NAME NAME 7211 W 24 AVE.#2359 STREET ADDRESS STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

IG OFFICER OR DIRECTOR

(305) 591-3666 2/11/2003

CR2E034B (12/02)