# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 16, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # P01000026690

Entity Name
WEST SIDE PAINT & BODY CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 691 N.W. 18 AVENUE<br>POMPANO BEACH, FL 33069 | 691 N.W. 18 AVENUE<br>POMPANO BEACH, FL 33069 |

07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1099422
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, DERRICK
305 NW 16 AVE.
POMPANO BEACH, FL 33069

DO NOT WRITE IN THIS SPACE

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW!!! FEE IS $550.00**
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| | P |
| NAME | PHILLIPS DERRICK L |
| ADDRESS | 305 NW 16 AVE. |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 |
| | |
| NAME | |
| ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
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| CITY-ST-ZIP | |

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07/16/07-80004-009 550.00

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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7-5-07 954-968-8367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #