


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000032546	
1. Entity Name TRUKKAR PAINT & BODY CORP.	

Principal Place of Business 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS, FL 33018-7917	Mailing Address 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS, FL 33018-7917
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03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1088337	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 PERDOMO, DOUGLAS 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS, FL 33018-7917

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 Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERDOMO, DOUGLAS 8851 NW 119TH ST. UNIT 5217 HIALEAH GARDENS, FL 330187917
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03/29/04-80017-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PERDOMO, Douglas** **3/25/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #