


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90261 044 \*\*\*150.00

<b>DOCUMENT # P01000043487</b> <b>1. Entity Name</b> <b>WALLY'S PAINT AND BODY SHOP OF TAMPA, INC.</b>	
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<b>Principal Place of Business</b> <b>4816 CHURCH STREET</b> <b>TAMPA, FL 33614</b>	<b>Mailing Address</b> <b>4816 CHURCH STREET</b> <b>TAMPA, FL 33614</b>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
	Country	

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04162004    Chg-P    CR2E034 (10/03)

<b>4. FEI Number</b> <b>59-3717524</b>	<table border="1" style="width:100%"> <tr> <td><b>Applied For</b></td> </tr> <tr> <td><b>Not Applicable</b></td> </tr> </table>	<b>Applied For</b>	<b>Not Applicable</b>													
<b>Applied For</b>																
<b>Not Applicable</b>																
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																
<table border="1" style="width:100%"> <tr> <td colspan="2"><b>6. Name and Address of Current Registered Agent</b></td> <td colspan="2"><b>7. Name and Address of New Registered Agent</b></td> </tr> <tr> <td colspan="2" rowspan="4"> <b>SPIEGEL &amp; UTRERA, P.A.</b>  <b>343 ALMERIA AVENUE</b>  <b>CORAL GABLES, FL 33134</b> </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>City</td> <td>FL</td> <td>Zip Code</td> </tr> </table>		<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES, FL 33134</b>		Name		Street Address (P.O. Box Number is Not Acceptable)				City	FL	Zip Code
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>														
<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>343 ALMERIA AVENUE</b> <b>CORAL GABLES, FL 33134</b>		Name														
		Street Address (P.O. Box Number is Not Acceptable)														
		City	FL	Zip Code												

**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	RAMIREZ, WALDEMAR	TAMPA, FL 33614				
	STD	RAMIREZ, VIVIAN J	TAMPA, FL 33614				

**12. I hereby certify that the information supplied with this filing 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Walter J. Ramirez      4-21-04      813-876-3479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #