## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000089926

Name:

Address: City-St-Zip: SALIANO, MINERVA

6660 MCCLELLAN ST

HOLLYWOOD, FL 33024

Entity Name: SECOND TO NONE AUTO COLLISION, INC.

FILED Jan 16, 2004 Secretary of State

Littly Na	ille. SECONE	TO NONE AUTO COLLISION	v, iivo.			
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
13350 NORTHWEST 42ND AVENUE OPA LOCKA, FL 33054				13370 NORTHWEST 42ND AVENUE OPA LOCKA, FL 33054		
Current Mailing Address:			New Maili	New Mailing Address:		
	TH 74TH WA` OOD, FL 3302					
FEI Number: 65-1137078 FEI Number Applied For ( )			FEI Number Not App	FEI Number Not Applicable ( ) Certificate of Status Desired (X)		
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
The above	OR 33145 US named entity e of Florida.	submits this statement for the	purpose of changing	ts register	red office or registered agent, or both,	
01011/1101		nic Signature of Registered Ag	gent	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROQUE, ANA	) Delete WEST 42ND AVENUE 'L 33054	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROQUE, MIGU	WEST 42ND AVENUE	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title:	T (	) Delete	Title:	Т	(X) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GALIANO, MINERVA

6660 MCCLELLAN ST

HOLLYWOOD, FL 33024

SIGNATURE: ANA ROQUE PRES 01/16/2004