

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000109066

1. Entity Name
TRIPLE A AUTO BODY SHOP, INC.



Principal Place of Business
**888 NW 7TH TER.
FORT LAUDERDALE, FL 33311**

Mailing Address
**541 SOUTH ST. RD. 7 SUITE 40
MARGATE, FL 33065**



03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0591138

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SEWDAT, RAMJEET
6593 NW 3RD STREET
POMPANO BEACH, FL 33063**

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: *Satwatie Ramjeet* **03.01.04**

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**

**000000086254
03/12/04-80017-002 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEWDAT, RAMJEET 6593 NW 3RD STREET MARGATE, FL 330637202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEWDAT, SATWATIE 6593 NW 3RD STREET MARGATE, FL 330637202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAMJEET, SEWDAT 6593 NW 3RD ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RAMJEET, SATWATIE 6593 NW 3RD ST MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Satwatie Ramjeet* **03.01.04 954-828-1350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR as Date Daytime Phone #