


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90106 001 ***150.00

DOCUMENT # P01000109066 1. Entity Name TRIPLE A AUTO BODY SHOP, INC.					
Principal Place of Business 800 NW 8TH AVE BAY #2 FORT LAUDERDALE, FL 33311			Mailing Address 17603 MURCOTT BLVD LOXAHATCHEE, FL 33470		
2. Principal Place of Business - No P.O. Box # 7650 Hooper Rd.		3. Mailing Address 17603 Murcott Blvd.			
Suite, Apt. #, etc. Unit 11		Suite, Apt. #, etc.			
City & State West Palm Beach		City & State Loxahatchee, FL		4. FEI Number 01-0591138	
Zip FL 33411		Zip 33470		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEWDAT, RAMJEET 17603 MURCOTT BLVD. LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008, Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SEWDAT, RAMJEET 6593 NW 3RD STREET MARGATE, FL 330637202	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SEWDAT, SATWATIE 6593 NW 3RD STREET MARGATE, FL 330637202	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RAMJEET, SEWDAT 6593 NW 3RD ST MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RAMJEET, SATWATIE 6593 NW 3RD ST MARGATE, FL 33063	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: SATWATIE RAMJEET <i>Satwatie Ramjeet</i> 04.19.08 561-202-6625 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					