
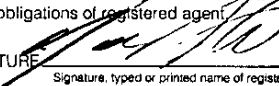
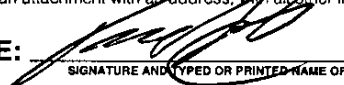


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90012 001 ***150.00
 07-28-2005 90012 002 *****8.75

DOCUMENT # P02000009435			
1. Entity Name PYRAMID AUTO BODY INC.			
Principal Place of Business 155 N GOLDENROD ROAD ORLANDO, FL 32807		Mailing Address 155 N GOLDENROD ROAD ORLANDO, FL 32807	
2. Principal Place of Business 155 N. Goldenrod Rd Suite/Apt. #, etc. Orlando FL City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip 32807		Country Orange	
6. Name and Address of Current Registered Agent TORRES, GLADYS 10564 JEPSON STREET ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Jose A. Torres Street Address (P.O. Box Number is Not Acceptable) 2727 Delcres Dr City Orlando FL FL Zip Code 32817	
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:  Jose A. Torres DATE: 7-20-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! - FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TORRES, GLADYS STREET ADDRESS 2821 ASHBRIDGE STREET CITY-ST-ZIP ORLANDO, FL 32825	<input checked="" type="checkbox"/> Delete	TITLE P NAME Jose A. Torres STREET ADDRESS 2727 Delcres Dr CITY-ST-ZIP Orlando FL 32817	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME TORRES, FELICIANO STREET ADDRESS 8 MADEIRA AVENUE CITY-ST-ZIP ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TORRES, EFRAIN STREET ADDRESS 10422 BRIDLEWOOD AVENUE CITY-ST-ZIP ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LUZ M. CORDOBA ZAYA STREET ADDRESS 2821 ASHBRIDGE STREET CITY-ST-ZIP ORLANDO, FL 32825	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Jose H. Torres		Date: 7-20-05 Daytime Phone #: 407-384-2555	



ATTACHMENT

Le 6025146

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 13, 2005

PYRAMID AUTO BODY INC.
155 N GOLDENROD ROAD
ORLANDO, FL 32807

SUBJECT: PYRAMID AUTO BODY INC.
Ref. Number: P02000009435

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 405A00046209

ATTACHMENT
66025140
Division of Corporations

Annual Report

The following is a review of the information you are submitting for the filing of your Annual Report. Please verify the information and any changes made for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	P02000009435
Business Entity Name	PYRAMID AUTO BODY INC.
Prior notice was	Not Received
FEI Number	260014349
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 155 N GOLDENROD ROAD
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32807

Mailing Address

Address 155 N GOLDENROD ROAD
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32807

Name And Address of Registered Agent

Name (Last, First, Middle, Title) TORRES, JOSE , A
Address 2727 DELCRES DR.
Suite, Apt. #, etc.
City, State ORLANDO, FL
Zip Code & Country 32817 US
Registered Agent Signature JOSE A. TORRES

Officer/Director Name And Address

Title P
Name (Last, First, Middle, Title) TORRES, JOSE , A
Street Address 155 N. GOLRDENROD RD.
City, State ORLANDO, FL

ATTACHMENT

66025140

Zip Code & Country 32807
Title VP
Name (Last, First, Middle, Title) TORRES, FELICIANO
Street Address 8 MADEIRA AVENUE
City, State ORLANDO, FL
Zip Code & Country 32825
Title ST
Name (Last, First, Middle, Title) TORRES, EFRAIN
Street Address 10422 BRIDLEWOOD AVENUE
City, State ORLANDO, FL
Zip Code & Country 32825
Title D
Entity Name LUZ M. CORDOBA ZAYA
Street Address 2821 ASHBRIDGE STREET
City, State ORLANDO, FL
Zip Code & Country 32825
Title P
Officer/Director Signature JOSE A. TORRES

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