

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000104698**

1. Entity Name  
**WWW.AUTOBODYEXPERTS.US, INC.**



Principal Place of Business  
**5786 PROGRESS RD.  
SOUTH MIAMI, FL 33143**

Mailing Address  
**5786 PROGRESS RD.  
SOUTH MIAMI, FL 33143**

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>16-1631673</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LOPEZ, MARIA T ESQ.  
2700 SW 37 AVE., 2ND FLOOR  
MIAMI, FL 33133**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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**

TITLE	PTD
NAME	HERNANDEZ, FRANK
STREET ADDRESS	5786 PROGRESS RD.
CITY - ST - ZIP	SOUTH MIAMI, FL 33143

TITLE	VP
NAME	RODRIGUEZ, CESAR
STREET ADDRESS	5786 PROGRESS RD.
CITY - ST - ZIP	SOUTH MIAMI, FL 33143

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000171072  
08/30/04-80001-021 150.00

U000000171072  
08/30/04-80001-022 8.75

**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)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/30/04 786301-2000