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ANNUAL REPORT			Mar 09, 2004 08:00 A	
DOCUMENT # P02000120999				Secretary of State
1. Entry Name MAGIC TOUCH AUTO REPAIR, INC.				
3257 DIXIE HIGHWAY NE	Mailing Address 3257 DIXIE HIGHWAY NE PALM BAY, FL 32905		l italiael ili bakt ilali sa	HII AANII TOITI KRIO KAIK KAIK KAIKA KAIKA KAIKA KAIKA
DO NOT WRITE IN THIS SPA		CE .	01062004 No Chg-P CR2E034 (10/03) 4. FEI Number	
6. Name and Address of Current Registered Agent JEX. HERMAN W 3257 DIXIE HIGHWAY NE PALM BAY, FL 32905		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 the obligations of registered agent. Signature includes distinct the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature includes distinct the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. Signature includes agent and title if applicable in the signature required when renstating in the signat				DATE
10. OFFICERS AND DIRI TITLE D JEX. HERMAN W STREET ADDRESS ON STOLE PALM BAY, FL 32905 TITLE NAME STREET ADDRESS OF STOLE PALM BAY, FL 32905 TITLE NAME STREET ADDRESS ON STOLE PALM BAY, FL 32905 TITLE STREET ADDRESS ON STOLE PALM BAY, FL 32905 TITLE STREET ADDRESS ON STREET ADDRESS ON STOLE PALM BAY, FL 32905 TITLE SAME STREET ADDRESS ON STREET A	ECTORS			Γ WRITE S SPACE

12. Thereby certify that the information supplied with this filling 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 both, 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: 🔏

STREET ADDRESS 077 ST 209

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDINECTOR