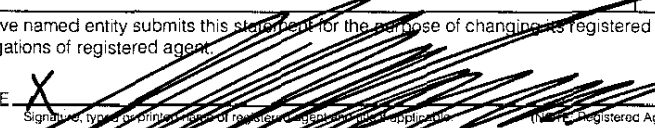
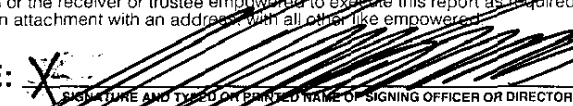


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90449 048 ***158.75

DOCUMENT # P02000131110 1. Entity Name CENTRAL FLORIDA PAINT & BODY, INC.					
Principal Place of Business 1777 MCCOY ROAD ORLANDO, FL 32809 US			Mailing Address 1777 MCCOY ROAD ORLANDO, FL 32809 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04292004 Chg-P CR2E034 (10/03) 4. FEI Number 57-1141183 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent ROBERT C. COHEN, P.A. 301 S. MILWEE STREET LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Mehrdad Memarpouri Street Address (P.O. Box Number is Not Acceptable) 1777 McCoy Rd. City Orlando FL 32809	
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  DATE 4/24/04					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEMARPOURI, MEHRDAD 5371 BROOKLINE DR. ORLANDO, FL 32819	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REZAIE, ALIREZA 1163 BYERLY WAY ORLANDO, FL 32818	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/24/04 Daytime Phone # 407 367 2525		