· 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 30, 2005 08:00 AM DOCUMENT # P03000000536 1. Entity Name **Secretary of State** G.S. ARTE PAINT & BODY SHOP, INC. Principal Place of Business Mailing Address 3040 NW 7 AVE MIAMI FL 33127 1150 NW 72ND AVE. MIAMI FL 33127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 03-0408452 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SOTO, GUSTAVO D 3040 NW 7 AVE Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33127** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 🗀 Defete TITLE ☐ Change ☐ Addition TITLE SOTO, GUSTAVO D NAME NAME U00000280979 03/30/05-80041-014 150.00 3040 NW 7 AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 33127 CITY ST-ZIP Change Addition . TITLE ☐ Delete TITLE GIRALDO, LUZ S NAME 3040 NW 7 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33127 CITY-ST-ZIP THILE Delete TITLE ☐ Change T Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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