


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90107 023 ***150.00

DOCUMENT # P03000017922 1. Entity Name AUTOSHINE BODY SHOP, INC.	
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Principal Place of Business 12525-27 SW 130TH ST MIAMI, FL 33186	Mailing Address 12525-27 SW 130TH ST MIAMI, FL 33186
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DO NOT WRITE IN THIS SPACE

40101520



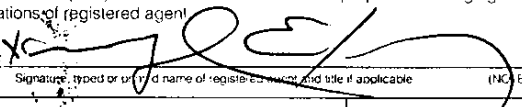
04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0554612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ENRIQUEZ, MIGUEL 9580 SW GRAND CANAL DR. MIAMI, FL 33174

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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 reconstituting)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ENRIQUEZ, MIGUEL 9580 SW GRAND CANAL DR MIAMI, FL 33174
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #
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