2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Apr 14, 2004 8:00 am
Secretary of State
03-01-2004 90027 038 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000046626

1. Entity Name
5 STARS AUTO BODY, INC.

Principal Place of Business	Mailing Address
375 SE CORK RD. PORT ST. LUCIE FL 34984	375 SE CORK RD. PORT ST. LUCIE FL 34984

2. Principal Place of Business	3. Mailing Address
3385 So. US1	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce Fla.	City & State
Zip: 34982 Country: USA	Zip Country

4. FEI Number 900074476 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PELLEGRINI, FRANK J 375 SE CORK RD. PORT ST. LUCIE FL 34984	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 Tony Ortiz President 2/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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	PD VITARELLI, ALBERT J P.O. BOX 283 ALBRIGHTSVILLE PA 18210	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PELLEGRINI, FRANK J 375 SE CORK RD. PORT ST. LUCIE FL 34984	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Pellegrini, Frank J. 375 SE Cork Rd. Port St. Lucie Fl 34984	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD COSENZA, ROBERT A 3265 S. US 1, LOT 13 FT. PIERCE FL 34950	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ORTIZ, ANTHONY F 2300 WINDING CREEK LANE FT. PIERCE FL 34982	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ortiz, Anthony F. 1300 Ibis Ave. Ft. Pierce, Fl 34982	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL, THOMAS L 5705 OLEANDER AVE. FT. PIERCE FL 34982	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

REVENUE DEPT MAR 1 ... FLOR...

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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: Tony Ortiz Pres. 2/2/04 772-468-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #