

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90471 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000050471

1. Entity Name
 ROLAND'S CUSTOMS AUTO BODY, INC.



40072959

Principal Place of Business
 4255 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407

Mailing Address
 4255 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 74-3092179 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, ROLAND G
 4255 WESTROADS DRIVE
 WEST PALM BEACH, FL 33407

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
 NAME DIAZ, ROLAND G
 STREET ADDRESS 4255 WESTROADS DRIVE
 CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 IN THIS SPACE**

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: **4/29/09** **8443327**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #