## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0300061648  1. Entity Name LOS PINARENOS BODY SHOP, INC.						FILED					
	,				06 JUL 26 1710: 54						
Principal Place of Business 1040 E 29 STREET HIALEAH, FL 33013		Mailing Address 1040 E 29 STREET HIALEAH, FL 33013				TANK TO THE STATE					
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				07252006	Chg-P	CR2E0	34 (11/05)	06	
City & State		City & State			4	FEI Numbe				plied For	
Zip Country		Zip Country		try	32-0078905  5. Certificate of Status Desired				Not Applicable   \$8.75 Additional   Fee Required		
	6. Name and Address of Current	Registered Agent			7.	. Name and	Address of New	<del></del>			
BORREGO, JUAN A				Name							
804 EAST HIALEAH,	28 STREET FL 33011			Street Address (P.O. Box Number is Not Acceptable)							
	$\bigcap$			City	<b>E</b>						
9 The shave	named entity submits this statement to	the auroes of shoosing its			**!=*====d		h in the Chate of I	FL			
SIGNATURE	Signature, typed or primeti name of registered agent	and title if applicable. (NOTI	E: Registere	d Agent signature	required whe	en reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	<u> </u>	·	
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	9. Election Campa Trust Fund Cont		ncing		May Be to Fees	In accordance corporation di				
10.	OFFICERS AND DIRECTORS 11. PSD Delete ITIL						CHANGES TO OF	•	<del></del>	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	BORREGO, JUAN A NAME STREET STREET				08/02/0601062010 **150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GONZALEZ, FELIX M 1698 W. 55 PL. #1003 HIALEAH, FL 33012	[2]_Delete Mu S⊓ C∩			UTD Sime 804	enez, IE28	Marta ST h, FJ, 3	F. 3013	(Z) Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De\eta		F					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delcte	CITY	EET ADDRESS '-ST-ZIP					Change	☐ Addition	
	certify that the information surpolied wit on this report or supplemental report poration or the receiver or justice func- , or on an attachment with or laddress,	h this filing does not qualify for is true and accurate and that is sowered to execute this report with all other like empowered	or the ex my signa t as requi	emptions cor iture shall hav ired by Chapt	ntained in ve the san oter 607, F	n Chapter 119 me legal effec Florida Statute	Horida Statutes     as if made under     s; and that my na	. I further cert er oath; that I s ime appears in	ify that the i am an officer a Block 10 o	nformation or director r Block 11 il	
SIGNAT	URE:	PRINTED NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	. 0	eytime Phone #	<del></del>	