


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000077103 1. Entity Name PRO AUTO REPAIR & BODY SHOP, INC.	
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Principal Place of Business 2468 SMITH STREET KISSIMMEE, FL 34741	Mailing Address 2468 SMITH STREET KISSIMMEE, FL 34741
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05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1196866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RODRIGUEZ, MARIBEL 2468 SMITH STREET KISSIMMEE, FL 34741
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**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, MARIBEL 2468 SMITH STREET KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS RODRIGUEZ, NORMA 2468 SMITH STREET KISSIMMEE, FL 34741
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**DO NOT WRITE  
IN THIS SPACE**

100000368586  
05/31/05-60006-019 150.00

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: *Maribel Rodriguez* 4/30/05 407-846-0527  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #