


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000085266 1. Entity Name AUTO PRO BODY TECH, INC.	
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Principal Place of Business 7249 SW 42ND TERR MIAMI, FL 33155	Mailing Address 7249 SW 42ND TERR MIAMI, FL 33155
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2402981
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**
Applied For
Not Applicable

6. Name and Address of Current Registered Agent

CARTOLANO, JOSEPH
46 N.E 6TH ST.
MIAMI, FL 33132

**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 _____

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, 2006 Fee will be \$550.00**

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

11000001389465
01/20/06-80048-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KARAN, ETHEL 7249 SW 42ND TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGUDALI, OMAR 7249 SW 42ND TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAMCHARAN, SALOME B 7249 SW 42ND TERR MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: *Salome Ramcharan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06 *305-26549*
Date Daytime Phone #