

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90054 048 \*\*\*150.00

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MOORE CR2E034 (11/03)

<b>DOCUMENT # P03000132411</b>	
1. Entity Name <b>ABA AUTOBODY AND PAINT, INC.</b>	



Principal Place of Business <b>10421 TWIGGS COURT ORLANDO FL 32825</b>	Mailing Address <b>10421 TWIGGS COURT ORLANDO FL 32825</b>
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2. Principal Place of Business <b>500 IRENE STREET</b>	3. Mailing Address <b>500 IRENE STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>
Zip <b>32805</b>	Zip <b>32805</b>
Country <b>ORANGE</b>	Country <b>ORANGE</b>

4. FEI Number <b>20-0394769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>TRIEU, TRUNG O. 10421 TWIGGS COURT ORLANDO FL 32825</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Trung Trieu</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Trung Trieu Pres. D 10421 Twiggs Court Orlando, FL 32825</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Lan Trieu</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Lan Trieu Sec. D 10421 Twiggs Court. Orlando, FL 32825</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: *Trung Trieu* *Trung Trieu* *2/18/04*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TRUNG TRIEU** Date **2/18/04** Daytime Phone #

*Trung Trieu*  
President