2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
08 JAN 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000035632

1. Entity Name
SUPERMAN PAINT BODY SHOP, INC.

Principal Place of Business	Mailing Address
4430 E 10 N HIALEAH, FL 33013	4430 E 10 N HIALEAH, FL 33013

08252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 562453375 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEJIA, CARLOS
4430 E 10 LN
HIALEAH, FL 33013

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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...

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 Due by September 7, 200

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTVS
NAME	MEJIS, CARLOS
STREET ADDRESS	751 E 54 ST
CITY-ST-ZIP	HIALEAH, FL 33013

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

800117610898
02/08/08--01023--023 **158.75

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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 ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-21-08 Date Daytime Phone #