

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000129723

1. Entity Name
CARMONA AUTO BODY, INC.



04-27-2005 90280 036 ***150.00

P04000129723

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 PM 2:05

40000129723



04082005 Chg-P CR2E034 (10/03)

4. FEI Number **20-11014683** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARMONA, ARNOLD
6406 NW WOODMONT TERRACE
#105
TAMARAC, FL 33321

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

B. 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: Required Agent signature required when translating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: P Delete
NAME: CARMONA, ARNOLD
STREET ADDRESS: 6406 NW WOODMONT TERRACE, #105
CITY-ST-ZIP: TAMARAC, FL 33321

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President Change Addition
NAME: Arnold Carmona
STREET ADDRESS: 7406 Woodmount Terrace Ste-105
CITY-ST-ZIP: Tamarac, FL 33321

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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CITY-ST-ZIP: Change Addition

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, or in other like empowered.

SIGNATURE: *Arnold Carmona*

SIGNATURE AND TYPE FOR PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #