

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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<b>DOCUMENT # P04000129723</b>			
<b>1. Entity Name</b> CARMONA AUTO BODY, INC.			
<b>Principal Place of Business</b> 6406 NW WOODMONT TERRACE #105 TAMARAC, FL 33321		<b>Mailing Address</b> 6406 NW WOODMONT TERRACE #105 TAMARAC, FL 33321	
<b>2. Principal Place of Business</b> 6406 Woodmont Terr Suite, Apt. #, etc. Suite 105 City & State Tamarac, FL Zip 33321 Country Broward		<b>3. Mailing Address</b> 6406 Woodmont Terr Suite, Apt. #, etc. Suite 105 City & State Tamarac, FL Zip 33321 Country Broward	
<b>4. FEI Number</b> 20-1614683		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CARMONA, ARNOLD 6406 NW WOODMONT TERRACE #105 TAMARAC, FL 33321		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CARMONA, ARNOLD 6406 NW WOODMONT TERRACE, #105 TAMARAC, FL 33321	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Arnold Carmona 6406 Woodmont Terrace Ste-105 Tamarac, FL 33321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 all other like empowered.</b>			
<b>SIGNATURE:</b> <i>Arnold Carmona</i>			