

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000139230

1. Entity Name  
PALACIO'S PAINT & BODY SHOP, INC.



Principal Place of Business  
3550 NW 32ND STREET  
MIAMI, FL 33142

Mailing Address  
3550 NW 32ND STREET  
MIAMI, FL 33142

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAY 29 AM 11:36



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1708217

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ABRAMS, DAVID S ESQ  
9400 S DADELAND BLVD PH-3  
MIAMI, FL 33156

**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, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PTB  
NAME PALACIOS, HOLBEY J  
STREET ADDRESS 3550 NW 32ND STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE VSB  
NAME PALACIOS, MAGDA E  
STREET ADDRESS 3550 NW 32ND STREET  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000130927130  
06/05/08--01043--007 \*\*150.00

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08 385-244-7005  
Date Daytime Phone #