

FILED
May 30, 2007 8:00 am
Secretary of State

04-30-2007 90817 050 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000152456			
1. Entity Name AUTOBODY FILLERS USA, INC.			
Principal Place of Business 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069		Mailing Address 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069	
2. Principal Place of Business - No P.O. Box # 1721 Blount Rd Suite, Apt. #, etc. #A		3. Mailing Address 1721 Blount Rd Suite, Apt. #, etc. #A	
City & State Pompano Bch, FL Zip 33069 Country USA		4. FEI Number 34-2023866 APPLIED FOR Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ALLEN, DANIEL 2301 N.W. 33RD COURT #109 POMPANO BEACH, FL 33069		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 1721 Blount Rd #A City Pompano Bch FL Zip Code 33069	
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 re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S ALLEN, DANIEL 2301 N.W. 33RD COURT # 109 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1721 Blount Rd #A Pompano Bch, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PORES, TODD 2301 N.W. 33RD COURT # 109 POMPANO BEACH, FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1721 Blount Rd #A Pompano Bch, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>Daniel E Allen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/27/07</u> Daytime Phone: <u>954 974 3057</u>	

ATTACHMENT

66617147
#204000152456

CHESTERFEL 02/17/2007 8:34 AM

Form **1120S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

▶ Do not file this form unless the corporation has filed Form 2553 to elect to be an S corporation.
▶ See separate instructions.

OMB No. 1545-0130

2006

For calendar year 2006 or tax year beginning , ending

A Effective date of S election 1/01/05	Use IRS label. Otherwise, print or type.	Name CHESTERFIELD DIABETIC SHOE COMPANY	C Employer identification number 34-2023866
B Business activity code number (see instructions) 441300		Number, street, and room or suite no. If a P.O. box, see instructions. D/B/A AUTOBODY FILLERS U.S.A. 1721 BLOUNT ROAD SUITE A	D Date incorporated 11/24/2004
		City or town, state, and ZIP code POMPANO BEACH FL 33069	E Total assets (see instructions) \$ 9,918

F Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☒ Address change (5) ☐ Amended return