2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# P04000152456

Entity Name: AUTOBODY FILLERS USA, INC.

Current Principal Place of Business:

1721 BLOUNT RD
#A
POMPANO BEACH, FL 33069

New Principal Place of Business:

4100 NORTH POWERLINE ROAD
SUITE Z-5
POMPANO BEACH, FL 33073

Current Mailing Address:

1721 BLOUNT RD
#A
POMPANO BEACH, FL 33069

New Mailing Address:

4100 NORTH POWERLINE ROAD
SUITE Z-5
POMPANO BEACH, FL 33073

FEI Number: 34-2023866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, DANIEL
1721 BLOUNT RD
#A
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

PORES, TODD
4100 NORTH POWERLINE ROAD
SUITE Z-5
POMPANO BEACH, FL 33073 US

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.

SIGNATURE: TODD PORES 02/03/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P S ( ) Delete
Name: ALLEN, DANIEL
Address: 1721 BLOUNT RD #A
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP ( ) Delete
Name: PORES, TODD
Address: 1721 BLOUNT RD #A
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P S (X) Change ( ) Addition
Name: PORES, TODD
Address: 4100 NORTH POWERLINE ROAD Z-5
City-St-Zip: POMPANO BEACH, FL 33073

Title: VP (X) Change ( ) Addition
Name: PORES, TODD
Address: 4100 NORTH POWERLINE ROAD Z-5
City-St-Zip: POMPANO BEACH, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD PORES P 02/03/2009
Electronic Signature of Signing Officer or Director Date