## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P04000165667** 04-29-2005 90295 026 \*\*\*158.75 FRANCO & GARCIA BODY SHOP CORP Principal Place of Business Mailing Address TAATTALA 2453 NW 77 TERR 2453 NW 77 TERR MIAMI, FL 33147 MIAMI, FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chq-P CR2E034 (10/03) City & State Applied For City & State Not Applicable Country Zπρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANCO, ADAN Street Address (P.O. Box Number is Not Acceptable) 2453 NW 77 TERR MIAMI, FL 33147 City Zip Code · 45 6 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 lamiliar with, and accept the objigations of registered agent 4-26-05 DATE Ann Inn SIGNATURE 4 ared agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII- FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change Addition IIILE TILE FRANCO, ADAN MAR NAME 2453 NW 77 TERR STREET ANOMESS STREET ALVERSES MIAMI, FL 33147 CITY-ST-ZIP CITY-ST-ZIP MΠF ☐ Delete MI F ☐ Change Addition GARCIA, JUANA NAME NAME STREET ADDRESS 1186 NW 101 ST STREET ADDRESS MIAMI, FL 33150 CITY-ST-79 CX17-ST-70P Delete MILE IIILE ☐ Channe ☐ Addition ORTEGA; NISAN D NAME STREET ADDRESS 2453 NW 77 TERR\* STREET ADDRESS CITY-ST-ZIP MIAMI: F1:33747 CITY-ST-ZP TILLE ☐ Delete MLE ☐ Change ☐ Addition MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Delete MLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 supplied mental 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 or an attendment with ay/address, with all other like empowered. James my SIGNATURE: D OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED