2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000107775

1. Entity Name
ALL AMERICAN AUTO PAINT & BODY INC.

Principal Place of Business	Mailing Address
3361 SOUTH US HIGHWAY 1 FORT PIERCE, FL 34982	1998 SW MONTERREY LANE PORT ST. LUCIE, FL 34953

DO NOT WRITE IN THIS SPACE

02182008   No Chg-P   CR2E034 (11/05)

4. FEI Number 86-1146664	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PISCOTTA, LUCIANO
1998 SW MONTERREY LN
PORT SAINT LUCIE, FL 34953

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)   2-29-08   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

U00000859964
04/02/08-80043-019 150.00

TITLE	P
NAME	PISCIOTTA, LUCIANO
STREET ADDRESS	1998 SW MONTERREY LN
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983

TITLE	
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CITY-ST-ZIP	

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: _____   2-29-08   772-429-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #