

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000139224

1. Entity Name

T & F BODY SHOP, INC.



FILED

2007 APR 18 AM 10:45

Principal Place of Business
19100 SW 106 AVENUE
BAY 24
MIAMI FL 33157

Mailing Address
19100 SW 106 AVENUE
BAY 24
MIAMI FL 33157

SECRET
TALLAHASSEE, FLORIDA



2. Principal Place of Business
19100 SW 106 AVE
Suite, Apt. #, etc.
#24

3. Mailing Address
same
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Miami FL

City & State

4. EEI Number
941-80-1970

Applied For
Not Applicable

Zip
33157

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

OCAMPO, CARLOS A
15701 WATERSIDE CIR #106
WESTON FL 33326

7. Name and Address of New Registered Agent

Name Hernando Serna
Street Address (P.O. Box Number is Not Acceptable)
8975 SW 147 AVE #2224
City Miami FL Zip Code 33196

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 reconstituting)

DATE

4/3/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME D SERNA, HERNANDO ☐ Delete
STREET ADDRESS 8975 SW 147 AVENUE #2224
CITY-ST-ZIP MIAMI FL 33196

TITLE NAME D OCAMPO, CARLOS A ☒ Delete
STREET ADDRESS 15701 WATERSIDE CIR #106
CITY-ST-ZIP WESTON FL 33326

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200099070212
CITY-ST-ZIP 04/27/07--01005--009 **8.75

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200099070212
CITY-ST-ZIP 04/27/07--01005--010 **150.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/3/07 786-346-8976

Date

Daytime Phone #