

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000126885

FILED  
May 13, 2009  
Secretary of State

Entity Name: NEW COLLISION BODY SHOP, INC.

**Current Principal Place of Business:**

14392 SW 142 AVE.  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

14392 SW 142 AVE.  
MIAMI, FL 33186

**New Mailing Address:**

FEI Number: 20-5672340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERNANDEZ, IDALMIS  
9841 SW 45 ST.  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: HERNANDEZ, IDALMIS  
Address: 9841 SW 45 ST.  
City-St-Zip: MIAMI, FL 33165

Title: D ( ) Delete  
Name: FIGUEREDO, REINALDO E.  
Address: 9841 SW 45 ST.  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: IDALMIS HERNANDEZ

PD

05/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date