

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P07000058534



1. Entity Name
MULINIX AUTO BODY WEST, INC.

Principal Place of Business
20851 JOHNSTON STREET
PEMBROKE PINES, FL 33024 US

Mailing Address
14130 RICHWOOD PLACE
DAVIE, FL 33325 US

2. Principal Place of Business - No P.O. Box #
20851 Johnson Street

Suite, Apt. #, etc.
unit # 111 & 112

3. Mailing Address

Suite, Apt. #, etc.

City & State
Pembroke Pines, Fla

City & State

Zip
33029

Country

Zip

Country

6. Name and Address of Current Registered Agent

KING, MARK
5353 NORTH FEDERAL HIGHWAY
SUITE 207
FORT LAUDERDALE, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 remitting)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULINIX, HEIDI 14130 RICHWOOD PLACE DAVIE, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 (954)430-8899

Date

Daytime Phone #