

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90732 017 ***150.00

DOCUMENT # P92000000163

1. Entity Name

LA CARIDAD PAINT & BODY SHOP CORP.



Principal Place of Business

9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178

Mailing Address

9455 N.W. 109TH ST.
BAY 102
MEDLEY FL 33178

94057584



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0365571

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALONSO, ELVIRA
9455 NW 109 ST
BAY 108
MEDLEY FL 33178

7. Name and Address of New Registered Agent

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

Elvira Alonso

4-16-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 P
NAME ALONSO, ELVIRA
STREET ADDRESS 9455 NW 109 TH ST B 108
CITY-ST-ZIP MEDLEY FL 33178 ☒ Delete

TITLE T
NAME ALONSO, ELVIRA
STREET ADDRESS 9455 NW 109TH ST B108
CITY-ST-ZIP MEDLEY FL 33178 ☐ Delete

TITLE S
NAME AGUILA, SWANEE
STREET ADDRESS 9455 NW-109 ST B 108
CITY-ST-ZIP MEDLEY FL 33178 ☐ Delete

TITLE VP
NAME AGUILA, CARLOS R
STREET ADDRESS 9455 NW 109 ST B108
CITY-ST-ZIP MEDLEY FL 33178 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME CARLOS AGUILA
STREET ADDRESS 9455 NW 109 ST B107
CITY-ST-ZIP MEDLEY FL 33178 ☒ Change ☐ Addition

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

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

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

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

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

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 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:

Elvira Alonso

4-16-04

305-889-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #