

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P92000000163

FILED
Oct 16, 2006
Secretary of State

Entity Name: LA CARIDAD PAINT & BODY SHOP CORP.

Current Principal Place of Business:

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

New Principal Place of Business:

9455 N.W. 109TH ST.
BAY 107
MEDLEY, FL 33178

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 22651
HIALEAH, FL 33002

FEI Number: 65-0365571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ALONSO, ELVIRA
9455 NW 109 ST
BAY 107
MEDLEY, FL 33178 US

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: ELVIRA ALONSO

10/16/2006

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: P () Delete
Name: AGUILA, CARLOS
Address: 9455 NW 109 ST., B107
City-St-Zip: MEDLEY, FL 33178

Title: T () Delete
Name: ALONSO, ELVIRA
Address: 9455 NW 109TH ST B108
City-St-Zip: MEDLEY, FL 33178

Title: S () Delete
Name: AGUILA, SWANEE
Address: 9455 NW 109 ST B 108
City-St-Zip: MEDLEY, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AGUILA, CARLOS
Address: 9455 NW 109 ST., B107
City-St-Zip: MEDLEY, FL 33178

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 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: SWANNEE AGUILA

S

10/16/2006

Electronic Signature of Signing Officer or Director

Date