

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90027 007 ***150.00

DOCUMENT # P94000077466

1. Entity Name

FERNANDO'S BODY SHOP, INC.



Principal Place of Business

1857 NW 21 ST
POMPANO BEACH FL 33069
4100 N. POWERLINE RD M-5
POMPANO BEACH FLA 33073

Mailing Address

1857 NW 21 ST
POMPANO BEACH FL 33069
4100 N. POWERLINE RD M-5
POMPANO BEACH FLA 33073



2. Principal Place of Business

4100 N. POWERLINE RD M-5
Suite, Apt. #, etc.
SUITE M-5
POMPANO BEACH FLA

3. Mailing Address

4100 N. POWERLINE RD.
Suite, Apt. #, etc.
M-5
POMPANO BEACH FLA

1st MOORE

CR2E034 (10/05)

City & State

POMPANO BEACH FLA
Zip
33073
Country
BROWARD

City & State

POMPANO BEACH FLA
Zip
33073
Country
BROWARD

4. FEI Number

65-0546284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENENDEZ, FERNANDO
1857 NW 21 ST
POMPANO BEACH FL 33069

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 resigning)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERNANDEZ, FERNANDO
1857 NW 21 ST
POMPANO BEACH FL 33069 ☐ Delete

TITLE
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☐ Change ☐ Addition

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

3-12-06 964-968-4008
Date Daytime Phone #