

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90001 006 ***150.00

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1. Entity Name
G & M AUTO PAINTING AND BODY SHOP, INC.



Principal Place of Business
**728 NW 24TH ST.
MIAMI, FL 33127**

Mailing Address
**728 NW 24TH ST.
MIAMI, FL 33127**

50020315



2. Principal Place of Business

728 NW 24 ST
Suite, Apt. #, etc.

3. Mailing Address

728 NW 24 ST
Suite, Apt. #, etc.

05152006

Chg-P

CR2E034 (11/05)

City & State

MIAMI - FLORIDA

City & State

MIAMI - FLORIDA

4. FEI Number

65-0681415

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

**BORG, MIGUEL A
728 NW 24 STREET
MIAMI, FL 33127**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME BORG, MIGUEL A
STREET ADDRESS 728 N.W. 24TH STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE VP ☐ Delete
NAME BORG, GABRIEL
STREET ADDRESS 728 N.W. 24TH STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE S ☐ Delete
NAME BORG, ROSA A
STREET ADDRESS 728 N.W. 24TH STREET
CITY-ST-ZIP MIAMI, FL 33127

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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: **BORG, ROSA A** **5-19-06** **(305) 637-1444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #