DOCUMENT # P96000061893

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

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90160 008 ***150.00

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

2. Principal Place of Business	3. Mailing Address
728 NW 24 ST	728 NW 24 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI - Florida	City & State: MIAMI - Florida
Zip: 33127 Country: USA	Zip: 33127 Country: USA

05152006 Chg-P CR2E034 (11/05)

4. FEI Number: 65-0681415 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BORGO, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT BORGO, MIGUEL A 728 N.W. 24TH STREET MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BORGO, GABRIEL 728 N.W. 24TH STREET MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BORGO, ROSA A 728 N.W. 24TH STREET MIAMI, FL 33127	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: BORGO ROSA AUCIA 4-5-07 (305) 637-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAID #2266 - $150