

2008

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 22, 2008 8:00 am  
Secretary of State

05-22-2008 90014 013 \*\*\*150.00

60043188

DO NOT WRITE IN THIS SPACE

DOCUMENT# P96000064196
1. Entity Name National Auto Body Works, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 N.W. 21th St. Suite, Apt. #, etc.	3. Mailing Address 1500 N.W. 21th St. Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
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Zip 33142-7406	Country USA	Zip 33142-7406	Country USA
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4. FEI Number 65-0685723	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name Garcia, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable) 15113 S.W. 33rd St.	
City Davie	FL Zip Code 33331

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
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January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Garcia, Manuel R. 15113 S.W. 33rd St. Davie, FL 33331	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S/T Martiatto, Luis 1104 Pinehurst St. North Lauderdale, FL 33068	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Manuel R. Garcia</i>	Manuel R. Garcia	4/28/08	305-325-0459
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)