

**2009** FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**

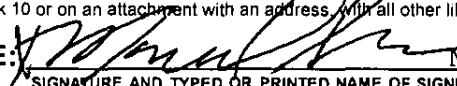
09 MAY 29 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700156573347

05/29/09--01003--010 \*\*150.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000064196				1. Entity Name		National Auto Body Works, Inc.			
<b>DO NOT WRITE IN THIS SPACE</b>									
2. Principal Place of Business				3. Mailing Address					
1500 N.W. 21th St.				1500 N.W. 21th St.					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Miami, FL				Miami, FL					
4. FEI Number		Applied For		Not Applicable					
65-0685723									
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required					
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		Zip Code			
				Davie		FL 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									
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	
10. OFFICERS AND DIRECTORS									
TITLE	D/P			TITLE					
NAME	Garcia, Manuel R.			NAME					
STREET ADDRESS	15113 S.W. 33rd St.			STREET ADDRESS					
CITY - ST - ZIP	Davie, FL 33331			CITY - ST - ZIP					
TITLE	D/S/T			TITLE					
NAME	Martiato, Luis			NAME					
STREET ADDRESS	1104 Pinehurst St.			STREET ADDRESS					
CITY - ST - ZIP	North Lauderdale, FL 33068			CITY - ST - ZIP					
TITLE				TITLE					
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP					
TITLE				TITLE					
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STREET ADDRESS				STREET ADDRESS					
CITY - ST - ZIP				CITY - ST - ZIP					
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: 				Manuel R. Garcia		305-325-0459			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			

CR2E034B (12/02)