2005 FOR PROFIT CORPORATION

FILED Apr 14, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000036515 TANGO PAINT & BODY SHOP INC. Principal Place of Business Mailing Address 2704 W 54TH STREET 2704 W 54TH STREET HIALEAH, FL 33016 HIALEAH, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (10/03) 03012005 Chg-P Applied For City & State 4 FEI Number City & State 65-0748424 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENRIQUEZ, ANTONIO R Street Address (P.O. Box Number is Not Acceptable) 2704 W. 54TH ST. HIALEAH, FL 33016 City 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_ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Addition TITLE ☐ Defete TITLE Hn0000304322 ENRIQUEZ, ANTONIO R NAME NAME 04/14/05-80038-008 150.00 STREET ADDRESS STREET ADDRESS 1711 WEST 40 STREET BAY 6 HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP Change Addition ۷D ☐ Delete TITLE TITLE CHAZARRETA, MA. CONCEPCION NAME NAME STREET ADDRESS STREET ADDRESS 1711 WEST 40 STREET BAY 6 HIALEAH, FL 33012 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME

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 empremental seport 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 an an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE