04/20/05 09:52 FAX 4076718482 NATIONAL ACCT

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Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90318 019 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000042177

1. Entity Name
NATIONAL PAINT & BODY SHOP, INC.

Principal Place of Business	Mailing Address
80 W MICHIGAN ST ORLANDO, FL 32806	80 W MICHIGAN ST ORLANDO, FL 32806
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04182005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3448974 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
FERNANDEZ, MODESTO A
6601 HOFFNER AVE
ORLANDO, FL 32822

7. Name and Address of New Registered Agent
Name: MODESTO A. FERNANDEZ
Street Address (P.O. Box Number is Not Acceptable): 4404 Marilyn Ave
City: Orlando FL Zip Code: 32812

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. ADDRESS CHANGE ONLY

SIGNATURE: Modesto A. Fernandez 4-22-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PD FERNANDEZ, MODESTO A 121 BUTLER DRIVE ORLANDO, FL 32806 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4404 MARILYN AVE ORLANDO FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD URENA, ALEJANDRO G 6573 ABERCROMBIE CT. ORLANDO, FL 32835 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Modesto A. Fernandez 4-22-05 407-425-3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #