

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90297 027 ***150.00

DOCUMENT # P98000022888

1. Entity Name
CARIBBEAN AUTO PAINT & BODY SHOP INC



Principal Place of Business

**13970 NW 22 AVE
MIAMI, FL 33054**

Mailing Address

**13970 NW 22 AVE
MIAMI, FL 33054**

34000444



03292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0842817

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BISNATH, WINSTON
13970 NW 22 AVE
MIAMI, FL 33054**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BISNATH, WINSTON**
STREET ADDRESS **1530 NW 130 STREET**
CITY-ST-ZIP **MIAMI, FL 33167**

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STREET ADDRESS **1530 NW 130 STREET**
CITY-ST-ZIP **MIAMI, FL 33167**

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IN THIS SPACE**

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: WINSTON BISNATH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Winston Bisnath **4-12-04** **3056877005**