



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000028094		
1. Entity Name A & A BODY SHOP SERVICES, INC.		
Principal Place of Business 2633 S.W. 64TH AVENUE MIAMI, FL 33155	Mailing Address 2633 S.W. 64TH AVENUE MIAMI, FL 33155	
DO NOT WRITE IN THIS SPACE		
		 01112005 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0838640 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent VAZQUEZ, WILFREDO A 2633 S.W. 64TH AVENUE MIAMI, FL 33155		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U00000249204 03/02/05-80061-006 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT VAZQUEZ, WILFREDO A 2633 S.W. 64TH AVENUE MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SDV VAZQUEZ, ANTONIA P 2633 S.W. 64TH AVENUE MIAMI, FL 33155	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>W. A. Vazquez</u> WILFREDO A. VAZQUEZ 2-28-05 305 663-1910 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>