

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069135

1. Corporation Name

FLORIDA AUTO BODY SHOP, INC.

FILED

01 DEC -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
15364 SW 71 TERR 4143 SW 74 CT
MIAMI, FL 33193 SUITE G
MIAMI, FL 33155

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 15364 SW 71 TERR	26 4143 SW 74 CT	08/07/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27 SUITE G	Applied For
City & State	City & State	Not Applicable
23 MIAMI, FL 33193	28 MIAMI, FL 33155	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESMERALDA ESPINACO
6927 NW 173 DR #205
MIAMI, FL 33015

81 Name
ESMERALDA ESPINACO
82 Street Address (P.O. Box Number Is Not Acceptable)
15364 SW 71 TERR
83
84 City
MIAMI
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 11/20/07
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESMERALDA ESPINACO	1.2 NAME	
STREET ADDRESS	15364 SW 71 TERR	1.3 STREET ADDRESS	9000004739789-9
CITY-ST-ZIP	MIAMI, FL 33193	1.4 CITY-ST-ZIP	-12/26/01--01096--003
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	***\$450.00 ***\$450.00
NAME	P	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	JOSE F. LOPEZ	2.3 STREET ADDRESS	
CITY-ST-ZIP	15364 SW 71 TERR	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	99-01 UBR
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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; the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E037 (599)

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Florida Auto Body Shop, Inc

November 27, 2001

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I have had this corporation since 1998, but was unaware that I had to file yearly. Please excuse my ignorance in this matter. Also, I moved from the location listed in my Articles of Incorporation and did not receive notice of its pending dissolution. I would like to request a waiver of the corporate reinstatement fee. Enclosed is a check for \$450.00, to pay the annual renewal fees for my corporation for the last three years.

My new physical address is:
15364 Southwest 71st Terrace
Miami, FL 33193

Any documents must be mailed to:

Carlos Alvarado, Accountant
4143 Southwest 74th Court, Suite G
Miami, FL 33155

Thank you for your time.

Sincerely,



Esmeralda Espinaco