

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000080076
1. Entity Name
ADVANTAGE AUTO BODY, INC.



Principal Place of Business
13328 N.E. 17TH AVENUE
NORTH MIAMI, FL 33181

Mailing Address
13328 N.E. 17TH AVENUE
NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

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01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0873537	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
GAMBINO, GRACIELA
13461 S.W. 21ST STREET
MIAMI, FL 33175

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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) DATE _____

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GAMBINO, GRACIELA 15540 S.W 115 TERR. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMBINO, ROSARIO 15540 S.W 115 TERR. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/30/04-80004-023 150.00

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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)(f), 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: Graciela Gambino 1-26-04 130F8913277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #