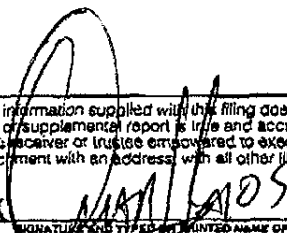


FILED
Jan 30, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000089708		
1. Entity Name STUTTGART COLLISION, INC.		
Principal Place of Business 3050 SW 38 CT MIAMI, FL 33146		Mailing Address 3050 SW 38 CT MIAMI, FL 33146
DO NOT WRITE IN THIS SPACE		
		01192004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0870627		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BAKOS, OMAR J 3050 S.W. 38TH COURT MIAMI, FL 33146		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 _____ (NOTE: Registered Agent Signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BAKOS, OMAR J 3050 S.W. 38TH COURT MIAMI, FL 33146	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKOS, OMAR J 3050 S.W. 38TH COURT MIAMI, FL 33146	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE 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)(g), 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: 		1/30/04 305-261-6251