


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90049 024 \*\*\*158.75

<b>DOCUMENT # P98000098295</b> 1. Entity Name ORDOCO BODY SHOP & PAINT, CORP.					
Principal Place of Business 2120 NW 22 CT MIAMI, FL 33142			Mailing Address 15555 S.W 47TH TERR. MIAMI, FL 33185		
2. Principal Place of Business 780 NW 42 Ave Suite, Apt. #, etc. # 514 City & State Miami FL Zip 33126 Country		3. Mailing Address 780 NW 42 Ave Suite, Apt. #, etc. # 514 City & State Miami FL Zip 33126 Country			
4. FEI Number 65-0878081				Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LOPEZ, EDUARDO 10030 SW 50 TR MIAMI, FL 33142			7. Name and Address of New Registered Agent Name Aurelio A. Piedra CPA Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 Ave. # 514 City Miami FL Zip Code 33126		
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 <u>Aurelio Piedra 2/24/04</u> (NOTE: Registered Agent signature required when reappointing) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME LOPEZ, EDUARDO STREET ADDRESS 2120 NW 23 CT CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		TITLE President NAME MIGUEL A. VELA ZCO STREET ADDRESS 1253 N.W 32 CT CITY-ST-ZIP MIAMI, FL 33125	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME LOPEZ, CARLOS STREET ADDRESS 2120 NW 23 CT CITY-ST-ZIP MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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>X [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/24/04 305 443 7122 Date Daytime Phone #		

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