

DOCUMENT # P99000001464

1. Entity Name

INFINITY BODY SHOP, INC

FILED Mar 30, 2000 8:00 am Secretary of State

03-30-2000 90016 039 \*\*\*158.75

Principal Place of Business 9550 NW 79 AVENUE - BAY 23 HIALEAH GARDENS, FL 33016
Mailing Address 10000 NW 80th CT - APT. 2430 HIALEAH, FL 33016-2232

00047812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number #65-0885861 Applied For Not Applicable

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDRO R. TEJEDA 10000 NW 80th COURT - APT. 2430 HIALEAH GARDENS, FL 33016

Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$650.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees

Table with 2 main columns: OFFICERS AND DIRECTORS (Block 11) and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11 (Block 12). Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, Addition.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Director March 23, 2000 (305) 231-8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)