


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/12/2005-90002-036-\$150.00-\$150.00

DOCUMENT # P99000023853
 1. Entity Name
T E C DISCOUNT PAINT & BODY SHOP, INC.



FILED
 05 OCT 10 PM 3:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 14770 N.W. 22 AVENUE, OPA LOCKA FL 33054
 Mailing Address: 14770 N.W. 22 AVENUE, OPA LOCKA FL 33054



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

2nd MOORE CR2E034 (5/05)

4. FEI Number: 65-0449912
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COBB, THADDEUS E
 14770 N.W. 22 AVENUE
 OPA LOCKA FL 33054

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: COBB, THADDEUS E STREET ADDRESS: 14770 N.W. 22 AVENUE CITY-ST-ZIP: MIAMI FL 33054	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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[Handwritten Signature]
 10/11

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: Thaddeus E. Cobb Jr. 10-4-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #