


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000038558 |  |
| 1. Entity Name AUTO TECH AND BODY INC. | |

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|--|--|
| Principal Place of Business 425 N. DIXIE HIGHWAY POMPANO BEACH, FL 33060 | Mailing Address 425 N. DIXIE HIGHWAY POMPANO BEACH, FL 33060 |
|--|--|

DO NOT WRITE IN THIS SPACE



02102005 No Chg-P CR2E034 (10/03)

| | |
|---|--|
| 4. FEI Number 65-0917839 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GHANEM, JIHAD N
800 E CYPRESS LANE
104
POMPANO BEACH, FL 33069

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

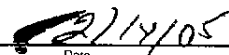
| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP GHANEM, JIHAD 800 E CYPRESS LANE #104 POMPANO BEACH, FL 33069 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 2/14/05 954-946-973
Date Daytime Phone #