


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90058 014 \*\*\*150.00

**DOCUMENT # P99000040483**

1. Entity Name  
**CHACHY'S AUTO TINT, INC.**



Principal Place of Business      Mailing Address

2609 N.W. 103RD STREET      20100 NW 57 CT  
 MIAMI, FL 33148      MIAMI, FL 33168



2. Principal Place of Business      3. Mailing Address

**2601-09 NW 103<sup>RD</sup> ST**      **2601-09 NW 103<sup>RD</sup> ST**

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

03082004      Chg-P      CR2E034 (10/03)

City & State      City & State

**Miami, FL 33147**      **Miami, FL**

Zip      Country      Zip      Country

**33147**      **U.S.A**      **33147**      **U.S.A**

4. FEI Number      Applied For

**65-0943695**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GASS, DANIEL G**  
**10001 NW 50TH STREET**  
**SUITE 204**  
**SUNRISE, FL 33351**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BERMUDEZ, FRANCISCO	
STREET ADDRESS	20100 N.W. 57TH COURT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	OLGA, BERMUDEZ	
STREET ADDRESS	20100 NW 57 COURT	
CITY-ST-ZIP	MIAMI, FL 33015	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Francisco Bermudez*      *Francisco Bermudez - Pres. 9-12-03 305 696-7798*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #