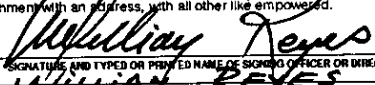


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90130606

DOCUMENT # P99000056705			
1. Entity Name A WELLIE'S TRUCK & COLLISION, INC.			
Principal Place of Business 3596 NW 52ND STREET MIAMI, FL 33142		Mailing Address 3596 NW 52ND STREET MIAMI, FL 33142	
2. Principal Place of Business		3. Mailing Address 10431 SW 88 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # D-114	
City & State MIAMI FL		4. FEI Number 65-0928814	
Zip 33176		Country USA	
5. Certificate of Status Desired		Applied For Not Applicable	
6. Name and Address of Current Registered Agent REYES, WILLIAM C/O SANDOVAL & ASSOCIATES 4069 HOLLY COURT WESTON, FL 33331		7. Name and Address of New Registered Agent Name REYES, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 10431 SW 88 STREET Suite D-114 City MIAMI FL Zip Code 33176	
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 individual filer.		DATE 04-29-03 (NOTE: Registered Agent Signature Required when Submitting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State.		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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD REYES, WILLIAM 10431 SW 88 ST. #D-114 MIAMI, FL 33176		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT 04-29-03 9046638464 Daytime Phone #	

CR2E034 (10/02)