

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06564

FILED  
Mar 18, 2011  
Secretary of State

**Entity Name:** SANTA ROSA BODY SHOP, INC.

**Current Principal Place of Business:**

500 S DIXIE HWY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

500 S DIXIE HWY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 65-0226854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAFFI, RAMON  
500 S DIXIE HWY  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVP  
Name: CAFFI, RAMON  
Address: 500 S DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: STD  
Name: CAFFI, RAMON  
Address: 500 S DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: V  
Name: MOSCOSO, CARMEN R  
Address: 500 S DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: T  
Name: CAFFI, JEANNETTE  
Address: 500 S DIXIE HWY  
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAMON CAFFI

OWNE

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date