

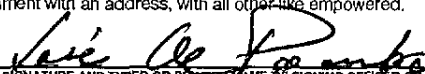


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # S12727 1. Entity Name GALICIA AUTO PAINT & BODY SHOP CORPORATION			
Principal Place of Business 7282 NW 25TH ST. MIAMI, FL 33122 US		Mailing Address 7282 N.W. 25TH ST. MIAMI, FL 33122 US	
DO NOT WRITE IN THIS SPACE			
			
		04092004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0239426		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POMBO, JOSE M. 2206 SW 62ND CT MIAMI, FL 33155		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		1100000113210 04/14/04-80054-011 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	POMBO, JOSE M.		
STREET ADDRESS	2206 SW 62ND CT		
CITY-ST-ZIP	MIAMI, FL		
TITLE	D		
NAME	POMBO, VIVIAN M.		
STREET ADDRESS	2206 SW 62 COURT		
CITY-ST-ZIP	MIAMI, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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: 		4/14/04 305-9719896	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	