

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90273 044 \*\*\*150.00



**DOCUMENT # S32961**

1. Entity Name  
**MASTER TECH. AUTO BODY, INC.**

Principal Place of Business  
~~1823 SW 101 AVE~~ **1818 SW 100<sup>th</sup> TERR**  
**MIRAMAR, FL 33025**

Mailing Address  
~~1823 SW 101 AVE~~ **1818 SW 100<sup>th</sup> TERR**  
**MIRAMAR, FL 33025**



02102005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0241892** Applied For  
 Not Applicable

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

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

**CRISAFULLI, RICHARD**  
~~1029 SW 101 AVE~~ **1818 SW 100<sup>th</sup> TERR.**  
**MIRAMAR, FL 33025**

**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: \_\_\_\_\_ (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	TSD
NAME	MASSIMO, NICK
STREET ADDRESS	<del>1029 SW 101 AVE</del> <b>1818 SW 100<sup>th</sup> TERR.</b>
CITY-ST-ZIP	MIRAMAR, FL
TITLE	PD
NAME	CRISAFULLI, RICHARD
STREET ADDRESS	<del>1029 SW 101 AVE</del> <b>1818 SW 100<sup>th</sup> TERR.</b>
CITY-ST-ZIP	MIRAMAR, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE 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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-05**  
 Date Daytime Phone #