2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # S32961

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

Principal Place of Business	Mailing Address
1818 SW 100 TERR MIRAMAR, FL 33025	1818 SW 100 TERR MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0241892

☐ Applied For
☐ Not Applicat

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

6. Name and Address of Current Registered Agent

CRISAFULLI, RICHARD
1818 SW 100 TERR
MIRAMAR, FL 33025

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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

000000488845
04/17/06-80023-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	MASSIMO, NICK
STREET ADDRESS	1818 SW 100TH TERR
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	PD
NAME	CRISAFULLI, RICHARD
STREET ADDRESS	1623 SW 101 AVE
CITY-ST-ZIP	MIRAMAR, FL 33025
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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: RICHARD CRISAFULLI 3/16/06 954-432(
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #