

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S49144</b>	
1. Entity Name STUTTGART INTERNATIONAL, INC.	
<b>STUTTGART INTERNATIONAL AUTO BODY</b>	
Principal Place of Business 1055 NW 51 CT FT LAUDERDALE, FL 33309	Mailing Address 1055 NW 51 CT FT LAUDERDALE, FL 33309



03312008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0259624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  DEGOLLADA, EUGENE 1055 NW 51 CT FT LAUDERDALE, FL 33309
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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 re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000900037 04/29/08-80012-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEGOLLADA, EUGENE 1800 S. OCEAN BLVD., #707 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEGOLLADA, MAURICIO 1800 S. OCEAN BLVD., #707 POMPANO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEGOLLADA, MARIA 1800 S. OCEAN BLVD., #707 POMPANO BEACH, 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 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:** EUGENE DEGOLLADA 4.14.08 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #