

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S50575

1. Entity Name
WORLD CAR AUTO BODY SPECIALISTS, INC.



Principal Place of Business
**1300 S 56TH AVE
HOLLYWOOD, FL 33023**

Mailing Address
**1300 S 56TH AVE
HOLLYWOOD, FL 33023**



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0262423

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROSEN, HARRY M.
6151 MIRAMAR PARKWAY, SUITE 101
MIRAMAR, FL 33023**

**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 **HARRY M. ROSEN, ESQ.**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	GUST, MICHAEL A
STREET ADDRESS	1300 S 56TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	ST
NAME	GUST, CHRISTINA M
STREET ADDRESS	1300 S 56TH AVE
CITY - ST - ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000031364
02/04/04-80148-008 150.00

**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 an address, with all other like empowered.

SIGNATURE:

Christina M. Gust
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/04
Date

954-983-5127
Daytime Phone #