

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90040 005 ***150.00

DOCUMENT # V54112

1. Entity Name

CELSO REYES BODY SHOP, INC.



Principal Place of Business

3603 NEWPORT AVE
BOYNTON BEACH FL 33436
US

Mailing Address

3603 NEWPORT AVE
BOYNTON BEACH FL 33436
US

2. Principal Place of Business

2030 JAN LAKE BLVD

3. Mailing Address

2030 JAN LAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Cloud FL

City & State

St Cloud FL

Zip

34712

Country

Zip

Country

4. FEI Number

65-0349210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYES, CELSO
3603 NEWPORT AVE
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2030 JAN LAKE BLVD

City

St Cloud

FL

Zip Code

34712

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PST
NAME REYES, CELSO
STREET ADDRESS 3603 NEWPORT BEACH, FL
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D
NAME REYES, CELSO
STREET ADDRESS 3603 NEWPORT AVE
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 2030 JAN LAKE BLVD
CITY-ST-ZIP St Cloud 34712

TITLE
NAME
STREET ADDRESS 2030 JAN LAKE BLVD
CITY-ST-ZIP St Cloud 34712

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

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:

Celso Reyes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/04

Date

Daytime Phone #