


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90075 038 ***150.00

DOCUMENT # V55190
 1. Entity Name
ULTRA FINISH AFTER MARKET SERVICES INC.




Principal Place of Business Mailing Address
~~39 MEADOWS PARK LANE~~ ~~39 MEADOWS PARK LANE~~
~~BOYNTON BEACH FL 33436~~ ~~BOYNTON BEACH FL 33436~~
10219 OAK MEADOW LANE
LAKE WORTH FL 33467 ← SAME

2. Principal Place of Business 3. Mailing Address
10219 OAK MEADOW LANE **10219 OAK MEADOW LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LAKE WORTH FL **LAKE WORTH FL**
 Zip Country Zip Country
33467 **U.S.** **33467** **U.S.**

50018263



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
65-0353305 Not Applicable

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

6. Name and Address of Current Registered Agent
HAJJAR, FADI
~~39 MEADOWS PARK LANE~~
~~LANTANA FL 33436-9012~~
10219 OAK MEADOW LANE
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 FADI HAJJAR DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAJJAR, FADI	
STREET ADDRESS	39 MEADOWS PARK LANE	
CITY-ST-ZIP	LANTANA FL 33462-9012	
TITLE	P	<input type="checkbox"/> Delete
NAME	FADI HAJJAR	
STREET ADDRESS	10219 OAK MEADOW LANE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Ix empowered.

SIGNATURE: FADI HAJJAR DATE: 02-16-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #