


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # K37431	
1. Entity Name JAPANESE CAR CARE SPECIALISTS, INC.	

Principal Place of Business 2901 SW 72 AVENUE MIAMI, FL 33155-2814 US	Mailing Address 2901 SW 72 AVENUE MIAMI, FL 33155-2814 US
---	---



02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0122191	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

THIS SPACE IS INTENDED FOR THE FILING OF CERTIFICATES OF STATUS DESIRED

6. Name and Address of Current Registered Agent NUNEZ, DENISE 2901 SW 72 AVE MIAMI, FL 33175
--

STATE OF FLORIDA
SECRETARY OF STATE

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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000112396 04/14/04-80020-023 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NUNEZ, CARLOS 2901 SW 72ND AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NUNEZ, DENISE 2901 SW 72 AVENUE MIAMI, FL
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	

STATE OF FLORIDA
SECRETARY OF STATE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **04/12/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #