


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90168 049 ***158.75

DOCUMENT # P01000025652

1. Entity Name
 JJ'S AUTO CENTER OF SW FLORIDA, INC.



Principal Place of Business Mailing Address
 924 SE 13TH PLACE 924 SE 13TH PLACE
 CAPE CORAL, FL 33990 CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

40000934



01092006 No Chg-P CR2E034 (11/05)

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|---|-------------------------------|
| 4. FEI Number 65-1085070 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GONZALEZ, VIVIANA
 314 SE 28TH TERRACE
 CAPE CORAL, FL 33904

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, JOSUE E 314 SE 28TH TERRACE CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GONZALEZ, VIVANA 314 SE 28TH TERRACE CAPE CORAL, FL 33904 |
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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: *[Signature]* Date 1/9/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR