

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90071 021 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                                                |                                                                                                                                         |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P06000145119</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                           |                                                |                                                                                                                                         |  |  |
| <b>1. Entity Name</b><br>JULIO VOLTIO REPAIRS INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                |                                                                                                                                         |                                                                                   |  |
| <b>Principal Place of Business</b><br>12359 ANTONIO CIR<br>ORLANDO, FL 32826 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                           |                                                | <b>Mailing Address</b><br>12359 ANTONIO CIR<br>ORLANDO, FL 32826 US                                                                     |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>12359 Antonio Cir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | <b>3. Mailing Address</b><br>12359 Antonio Cir |                                                                                                                                         |                                                                                   |  |
| Suite, Apt. #, etc.<br>Orlando FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           | Suite, Apt. #, etc.<br>-                       |                                                                                                                                         |                                                                                   |  |
| City & State<br>32826                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           | City & State<br>Orlando Florida                |                                                                                                                                         |                                                                                   |  |
| Zip<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           | Zip<br>32826                                   |                                                                                                                                         | Country<br>USA                                                                    |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ROJANO, JULIO<br>12359 ANTONIO CIR<br>ORLANDO, FL 32826                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                           |                                                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                   |  |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                |                                                                                                                                         |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                           |                                                |                                                                                                                                         |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>           |                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                           |                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                            |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P ROJANO, JULIO <input type="checkbox"/> Delete<br>12359 ANTONIO CIR<br>ORLANDO, FL 32826 |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                           |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                           |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                           |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                           |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                           |                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |                                                                                           |                                                |                                                                                                                                         |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Julio Rojas</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                           |                                                | 02 20 07                                                                                                                                |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                           |                                                | Date Daytime Phone #                                                                                                                    |                                                                                   |  |

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02142007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5931686 Applied For Not Applicable

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