


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90025 023 ***150.00

DOCUMENT # S07184 1. Entity Name JAP FIX, INC.	
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Principal Place of Business 705 N NORTHLAKE DR HOLLYWOOD, FL 33019	Mailing Address 705 N NORTHLAKE DR HOLLYWOOD, FL 33019
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40003528

DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0226910	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

DAURIA, JAMES J
 C/O JAP FIX INC
 6031 HOLLYWOOD BLVD
 HOLLYWOOD, FL 33024

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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, 2005 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	PS DAURIA, JAMES J 705 N NORTHLAKE DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAURIA, TARA 705 N NORTHLAKE DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAURIA, CAROL 705 N NORTHLAKE DR HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: * *James Dauria* President *1/17/05* *854-989-6600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #