


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F69298</b>	
1. Entity Name NEW JERSEY AUTO REPAIR, INC.	

Principal Place of Business NEW JERSEY AUTO REPAIR 601 NW 31ST AVE. POMPANO BCH., FL 33069 US	Mailing Address 601 N.W. 31ST AVE. POMPANO BCH., FL 33069 US
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**DO NOT WRITE IN THIS SPACE**

01062004 No Chg-P CR2E034 (10/03)

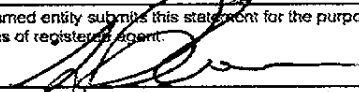
4. FEI Number 59-2214766	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

WEISS, STUART  
 9938 ROYAL PALM BLVD.  
 CORAL SPRINGS, FL 33071

**DO NOT WRITE IN THIS SPACE**

7. 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:  DATE: 4/12/04

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, 2004 Fee will be \$550.00**

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

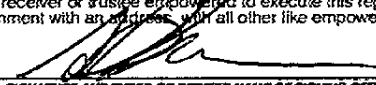
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISS, STUART 9938 ROYAL PALM BLVD. CORAL SPRINGS, FL
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000000114605  
 04/15/04-80067-025 150.00

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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:  DATE: 4/12/04 DAYTIME PHONE #: 9549734448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR