FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90326 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000037771

1. Entity Name
P & J AUTO SALES CORP.

Principal Place of Business
7124 NW 2 CT
MIAMI, FL 33150

Mailing Address
11930 W GOLF DRIVE
MIAMI, FL 33167

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7124 NW 2 CT		11930 W Golf	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MiAMi Fl.		City & State: Miami Fl.	
Zip: 33150	Country: Dade	Zip: 33167	Country: Dade

4. FEI Number: 65-1062035 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MERIZIER, PAUL
11930 W GOLF DRIVE
MIAMI, FL 33167

7. Name and Address of New Registered Agent

Name: Paul MERIZIER
Street Address (P.O. Box Number is Not Acceptable): 11930 W Golf Drive
City: miami FL Zip Code: 33167

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] Paul MERIZIER 04-28-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO ☐ Delete	TITLE	President Owner ☐ Change ☐ Addition
NAME	MERIZIER, PAUL	NAME	
STREET ADDRESS	11930 W GOLF DRIVE	STREET ADDRESS	11930 W Golf Drive
CITY-ST-ZIP	MIAMI, FL 33167	CITY-ST-ZIP	MIAMI Fl 33167
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Paul MERIZIER [signature] 04-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

786-286-5307