


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90053 048 \*\*\*150.00

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|--|--|---|--|
| <b>DOCUMENT # P00000037771</b>   |  |    |  |
| 1. Entity Name<br><b>P &amp; J AUTO SALES CORP.</b>  |  |   |  |
| Principal Place of Business<br><del>13760 NW 4TH AVE 11</del><br><b>OPA LOCKA, FL 33054</b>  |  | Mailing Address<br><b>13310 NE 4TH AVE</b><br><b>MIAMI, FL 33161</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>13905 NW 19th Ave</b>   |  | 3. Mailing Address<br><b>88 Alworthy ST</b>   |  |
| Suite, Apt. #, etc.<br><b>OPA LOCKA</b>  |  | Suite, Apt. #, etc.   |  |
| City & State<br><b>FL 33054</b>  |  | City & State<br><b>Port Charlotte FL</b>  |  |
| Zip<br><b>33954</b>  | Country<br><b>Charlotte</b>  | 4. FEI Number<br><b>65-1062035</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>MERIZIER, PAUL</b><br><b>88 Alworthy ST</b><br><b>Port Charlotte FL</b><br><b>33954</b>  |  | 7. Name and Address of New Registered Agent   |  |
| Name<br><b>MERIZIER, PAUL</b>  |  | Name  |  |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>13310 NE 4TH AVE</b>  |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
| City<br><b>N MIAMI, FL 33161</b>   |  | City<br><b>FL</b>   |  |
| Zip Code<br><b>33954</b>   |  | Zip Code  |  |
| 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.<br><b>Signature: Paul Merizier</b> <b>03/24/08</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00- Due by September 14, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br><b>PO</b>   | NAME<br><b>MERIZIER, PAUL</b>  | TITLE<br><b>President owner</b>   | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS<br><b>88 Alworthy ST</b>  | CITY-ST-ZIP<br><b>Port Charlotte FL 33954</b>                                    | STREET ADDRESS  | CITY-ST-ZIP  |
| TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>  | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>   | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS   | CITY-ST-ZIP  | STREET ADDRESS  | CITY-ST-ZIP  |
| TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>  | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>   | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS   | CITY-ST-ZIP  | STREET ADDRESS  | CITY-ST-ZIP  |
| TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>  | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>   | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS   | CITY-ST-ZIP  | STREET ADDRESS  | CITY-ST-ZIP  |
| TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>  | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> | TITLE<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/>   | NAME<br><b>Change</b> <input type="checkbox"/> Addition <input type="checkbox"/> |
| STREET ADDRESS   | CITY-ST-ZIP  | STREET ADDRESS  | CITY-ST-ZIP  |
| 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>SIGNATURE: Paul Merizier</b>  |  | <b>PAUL MERIZIER 03/24/08</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | Date  |  |

Please Can you send to me...