

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90050 034 \*\*\*150.00

<b>DOCUMENT # P00000065107</b> 1. Entity Name <b>JAF TRUCK &amp; TRANSPORT CORP.</b>																											
Principal Place of Business <b>2850 SW ORTEGA ST PORT ST LUCIE, FL 34953</b>		Mailing Address <b>2850 SW ORTEGA ST PORT ST LUCIE, FL 34953</b>																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>1474 SW MEDINA AVE</b>		3. Mailing Address Suite, Apt. #, etc. <b>1474 SW MEDINA AVE</b>																									
City & State <b>PORT ST. LUCIE, FL</b>		City & State <b>PORT ST. LUCIE, FL</b>																									
Zip <b>34953</b>	Country <b>U</b>	Zip <b>34953</b>	Country 																								
4. FEI Number <b>65-1021403</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>FERNANDEZ, JAVIER A 2850 SW ORTEGA STREET PORT SAINT LUCIE, FL 34953</b>		7. Name and Address of New Registered Agent Name <b>FERNANDEZ, JAVIER A.</b> Street Address (P O Box Number is Not Acceptable) <b>1474 SW MEDINA AVE</b> City <b>PORT ST LUCIE</b> <b>FL</b> Zip <b>34953</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. SIGNATURE <b>JAVIER A. FERNANDEZ</b> <b>04-05-07</b> <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
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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.																											
SIGNATURE: <b>JAVIER A. FERNANDEZ</b>		<b>04-05-07 772-4181604</b> <small>Date Daytime Phone #</small>																									