

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90037 015 ***150.00

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1. Entity Name

R&J AUTO REPAIR & BODY SHOP, INC.



Principal Place of Business

8264 WEST 8TH AVE
HIALEAH FL 33014

Mailing Address

8264 WEST 8TH AVE
HIALEAH FL 33014

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

65-1010919

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~ENCALADA, JOSE A
2223 SW 24 AVE
MIAMI FL 33145~~

Name Jose A Encalada
Street Address (P.O. Box Number is Not Acceptable)
2605 W 10 CT
Hialeah
City FL Zip Code 33010

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]

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when not changing)

1-24-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD
NAME ENCALADA, JOSE A ☒ Delete
STREET ADDRESS 2223 SW 24 AVE
CITY-ST-ZIP MIAMI FL 33145

TITLE Jose A Encalada ☒ Change ☐ Addition
NAME
STREET ADDRESS 2605 W 10 CT
CITY-ST-ZIP Hialeah FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-08

Date

Disclose Page #