

2004 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

RS 1 of 2

04 NOV -5 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P01000088999

1. Entity Name
JM AUTO SERVICES, INC.

Principal Place of Business
5523 ETON COURT
BOCA RATON, FL 33486

Mailing Address
5523 ETON COURT
BOCA RATON, FL 33486



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08262004

Chg-P

CR2E034 (10/03)

4. FEI Number
01-0664348

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTO, JORGE
5523 ETON COURT
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTVS ☐ Delete
NAME AUGUSTO, JORGE
STREET ADDRESS 5523 ETON COURT
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D ☐ Delete
NAME AUGUSTO, JORGE
STREET ADDRESS 5523 ETON COURT
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-04 772-370-0822

J, M. AUTO SERVICES INC.
JORGE AUGUSTO

P 242
10/28/04

TO FLORIDA DEPT OF STATE

AS PER TELEPHONE CONVERSATION

FIRST WE DID NOT RECEIVE
THE ANNUAL REPORT IN THE MAIL
LIKE USUAL

SECOND WE WERE HIT BY
THE TWO HURRICANES, WHOM OUR
BUSINESS IS LOCATED (STUART
FORT PIERCE)

PLEASE WAIVE THE REGISTRATION FEE

Thank
you.

plm