

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000050444

FILED  
Jun 19, 2009  
Secretary of State

Entity Name: J&B AMERICAN SERVICE AND REPAIRS CORP.

**Current Principal Place of Business:**

4110 NORTHWEST 193RD STREET  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4110 NORTHWEST 193RD STREET  
OPA LOCKA, FL 33055

**New Mailing Address:**

FEI Number: 04-3658057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLANES, JOSE N  
4110 NW 193 ST  
OPALOCKA, FL, FL 33055 US

**Name and Address of New Registered Agent:**

LLANES, JOSE N  
4110 NW 193 ST  
OPALOCKA, FL 33055 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

06/19/2009

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: LLANES, JOSE N  
Address: 4110 NORTHWEST 193RD STREET  
City-St-Zip: OPA LOCKA, FL 33055

Title: VTD ( ) Delete  
Name: LLANES, JOSE N  
Address: 4110 NORTHWEST 193RD STREET  
City-St-Zip: OPA LOCKA, FL 33055

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE N LLANES

Electronic Signature of Signing Officer or Director

PSD

06/19/2009

Date