


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90017 007 \*\*\*150.00

<b>DOCUMENT # P02Q00055782</b>	
1. Entity Name <b>JMB 1 AUTO SERVICE, INC.</b>	

Principal Place of Business <b>5100 NW 15TH ST BAY 8 MARGATE, FL 33063</b>	Mailing Address <b>1555 SW 21ST WAY FORT LAUDERDALE, FL 33312</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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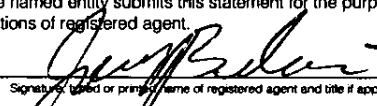
City & State  Zip	City & State  Zip
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01032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>75-3061322</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>BELAIR, JACQUES 1555 SW 21ST WAY FORT LAUDERDALE, FL 33312</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

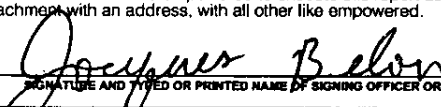
SIGNATURE:  DATE: **03/14/07**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BELAIR, JACQUES 1555 SW 21ST WAY FORT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BELAIR MANON 1555 SW 21ST WAY FORT LAUDERDALE, FL 33312</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE: **03/14/07** 954-344 9541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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JMB 1 AUTO SERVICE, INC.



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MARGATE, FL 33063

Mailing Address  
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FORT LAUDERDALE, FL 33312

ATTACHMENT

40056094

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number  
75-3061322

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELAIR, JACQUES  
1555 SW 21ST WAY  
FORT LAUDERDALE, FL 33312

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SIGNATURE

*Jacques Belair*

03/14/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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10. OFFICERS AND DIRECTORS

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CITY-ST-ZIP  
P  
BELAIR, JACQUES  
1555 SW 21ST WAY  
FORT LAUDERDALE, FL 33312

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SIGNATURE:

*Jacques Belair*

JACQUES BELAIR

03/14/07

954-9742130

3444541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #