Jul 09 07 03:10p

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FLORIDA

DOCUMENT # P03000008545

1. Entity Name
OJUS AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
12780 CYPRUS ROAD NORTH MIAMI FL 33181	12780 CYPRUS ROAD NORTH MIAMI FL 33181

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
18310 West Dixie Hwy		18310 West Dixie Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: North Miami Bch, FL.		City & State: North Miami Bch, FL.	
Zip: 33160	Country: USA	Zip: 33160	Country: USA

4. FEI Number 45-0498812 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDEN, RICHARD A ESQ
12000 BISCAYNE BLVD. SUITE 500
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name

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

City FL 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 $150.00
After May 1, 2007 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RODRIGUEZ, JOSE L 12780 CYPRUS RD. N MIAMI FL 33181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CADE, ELIZABETH 12780 CYPRUS RD. N MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Cade, Elizabeth 2050 Keystone Blvd North Miami, FL. 33181	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☑ Addition

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: Elizabeth Cade Elizabeth CADE 2/20/07 305 931-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTEN:

Michelle Milligan

This is a copy of the annual Report
your requested.

Thank you for your help

Elizabeth Cable.

Per conversation w/Elizabeth, original A/R contained original signature, but was cut off during imaging. Rejection letter was not received.

Michelle Milligan