2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000008545

1. Entity Name
OJUS AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
18310 WEST DIXIE HWY.	18310 WEST DIXIE HWY.
NORTH MIAMI BEACH, FL 33160	NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

02292008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
45-0498812		Not Applicable

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

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6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000944974 03/13/08-80021-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	CADE, ELIZABETH
STREET ADDRESS	2050 KEYSTONE BLVD.
CITY-ST-ZIP	NORTH MIAMI, FL 33181

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Elizabeth Cade_   _Elizabeth Cade_   _2/29/08_   _305 931-6868_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #