FROM : FAX NO. :

FILED
May 17, 2004 8:00 am
Secretary of State
05-17-2004 90008 038 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000022529

1. Entity Name
J & A AUTO REPAIRS, INC.

24075758

Principal Place of Business	Mailing Address
1038 NW 36TH ST. MIAMI, FL 33127	1038 NW 36TH ST. MIAMI, FL 33127

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc. / Suite, Apt. #, etc.
City & State / City & State
Zip / Country / Zip / Country

05102004 Chg-P CR2E034 (10/03)

4. FEI Number 55-0822403 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PINZON, ALFONSO
1038 NW 36TH ST.
MIAMI, FL 33127

7. Name and Address of New Registered Agent

Name Jaime A. Velasquez
Street Address (P.O. Box Number is Not Acceptable) 1038 NW 36 St.
City Miami FL Zip Code 33127

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] Jaime A. Velasquez 5-10-04.
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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS / 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. Officers and Directors		11. Additions/Changes	
TITLE D NAME VELASQUEZ, JAIME STREET ADDRESS 2040 NE 197TH TERR. CITY-ST-ZIP MIAMI, FL 33179	☐ Delete	TITLE PSTD NAME Jaime A. Velasquez STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE D NAME PINZON, ALFONSO STREET ADDRESS 2040 NE 197TH TERR. CITY-ST-ZIP MIAMI, FL 33179	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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] Presd. 5-10-04 (786) 2624383 (305) 6369677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Jaime A. Velasquez