FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -9 AM 11:59

DOCUMENT # P03000026166

1. Entity Name
A & J EUROPEAN AUTO REPAIR INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2640 W Suite, Apt. #, etc. 52 PL	Suite, Apt. #, etc.
City & State HIALEAH FL	City & State
Zip 33016 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4827841 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name YOANI GARCIA

Street Address (P.O. Box Number is Not Acceptable)
2640 W 52 PL

City HIALEAH FL Zip Code 33016

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: _____ REINSTATEMENT 05-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOANI GARCIA 2640 W 52 PL HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREDY C. ROQUE 5619 W 28TH AV. HIALEAH FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Williams MAY - 9 2006
FOR OFFICE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #