

Amended 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000070480

1. Entity Name
ALAMOS JMC USED AUTO PARTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 16 PM 2:25

Principal Place of Business 12730 CAIRO LN OPA LOCKA, FL 33054	Mailing Address 12730 CAIRO LN OPA LOCKA, FL 33054
--	--

2. Principal Place of Business - No P.O. Box # 3. Mailing Address



Suite, Apt. #, etc. Suite, Apt. #, etc.

04102007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
01-0789150 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUAN, JESUS M
2871 SW 137 CT
MIAMI, FL 33175

Name
CONCEPCION, JOSE RAFAEL

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

12730 Cairo Lane

City **Opa-Locka** **FL** Zip Code **33054**

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees **800097967588**
04/23/07--01022--005 **\$61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, MERCEDES M 11201 SW 55 ST BOX 197 MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, JOSE A 11201 SW 55 ST BOX 197 MIRAMAR, FL 33025	<input checked="" type="checkbox"/> Delete
--	--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
--	--	---------------------------------

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P S CONCEPCION, JOSE RAFAEL 12730 Cairo Lane Opa-Locka, FL 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	--	---

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Rafael Concepcion

4/11/07
786-499-9314

Date

Daytime Phone #