2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P03000071686** 03-19-2004 90029 025 \*\*\*150.00 t: Entity Name J & J MOTORS, INC. Mailing Address Principal Place of Business 504 S DIXIE HWY HOLLYWOOD FL 33020 UUIUUIVU 504 S DIXIE HWY HOLLYWOOD FL 33020 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 20 - 0066475 Not Applicable \$8.75 Additional Ζip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MUNOZ, JAVIER 504 S DIXIE HWY Street Address (P.O. Box Number is Not Acceptable) **HOLLYWOOD FL 33020** City 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 agont and site if appsicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004: Fée will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition DPT ☐ Delete ☐ Change TITLE TITLE MUNOZ, JAVIER NAME NAME 504 S DIXIE HWY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-2IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete DILE TITLE NAME CAFFI, JANET NAME 504 S DIXIE HWY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Celete TITLE NAME NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-70 ■ Addition Delete Change TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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.

JAVIER WIJO 2

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SIGNATURE:

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