

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91053 050 ***150.00


24065851



04172004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0211208** Applied For ☐ Not Applicable ☐

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

| | | | | | |
|---|---|--|---|---|--|
| DOCUMENT # P03000098726 | | | |  | |
| 1. Entity Name J & J AUTO REPAIR INC | | | | | |
| Principal Place of Business 8280 W 8 AVE HIALEAH, FL 33014 | | | Mailing Address 8280 W 8 AVE HIALEAH, FL 33014 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-0211208 | |
| 6. Name and Address of Current Registered Agent MIRANDA, JAMES 8280 W 8 AVE HIALEAH, FL 33014 | | | | 7. Name and Address of New Registered Agent Name VALDES, NOE A. Street Address (P.O. Box Number is Not Acceptable) 8280 W 8 AVE City HIALEAH FL Zip Code 33014 | |
| 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 <u>Noe A. Valdez</u> <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <u>4/17/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP MIRANDA, JAMES 8280 W 8 AVE HIALEAH, FL 33014 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP VALDES, NOE A. 8280 W 8 Ave HIALEAH, FL 33014 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>4/17/04</u> <small>Daytime Phone #</small> | |