## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

## FILED Apr 22, 2005 8:00 am Secretary of State

Daytime Phone #

		71111	YAL I	VEL OIL I				Secretary of State	
DOCUMENT # P03000098726  1. Entity Name J & J AUTO REPAIR INC								04-22-2005 90269 047 ***150.00	
· · · · · · · · · · · · · · · · · · ·							TEST !		
Principal Place of Business Mailing Address								<b>1</b>	
8280 W 8 AVE				8280 W 8 AVE			20041204		
HIALEAH, FL 33014				HIALEAH, FL 33014		-		THE REPORT OF THE TANK COME COME CONTRACT TO THE CONTRACT OF T	
2. Principal Place of Business				3. Mailing Address				-	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04182005 Chg-P CR2E034 (10/03)	
City & State				City & State				4. FEI Number Applied For 20-0211208 Not Applicable	
Zip	Country Z		Zip 	Country			5. Certificate of Status Desired Search Sear		
	6. Name	and Address of	Current Reg	istered Agent	_	Name	·	7. Name and Address of New Registered Agent	
VALDES, NOE A 8280 W 8 AVE						Street Address (P.O. Box Number is Not Acceptable)			
HIALEAH, FL 33014									
						8280 W & ANE			
						City	<u>.                                    </u>	1/12/214 FL Zip Code 33 014	
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 provided name of registatived agent and title if applicable. (NOTE: Registated Agent signature required when reinstating)  DATE									
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees									
10. OFFICERS AND DIRECTORS					11.	, ,		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE. NAME	DP VALDES, I	NOF A		Delete	TITL	ľ		☐ Change ☐ Addition	
STREET ADDRESS	8280 W 8			,		EET ADDRESS			
CITY-ST-ZIP	HIALEAH,	FL 33014			_	(+ST-ZIP	~ 6		
TITLE NAME				☐ Delete	TITL	E AF	70	CANDA JAMES O Change Maddition	
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CITY-ST-ZIP			-			1-21-7IP	175	ALEAH PL 33019	
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TITLE NAME				☐ Delete	TITL NAM			☐ Change ☐ Addition	
STREET ADDRESS						EET ADDRESS			
CITY-ST-ZIP					CITY	r-\$T-ZIP			
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.									

ED NAME OF SIGNING OFFICER OF DIRECTOR