

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # P03000106368

1. Entity Name
JUST FOR WHEELS INC.



Principal Place of Business
**16250 SW 91 CT
MIAMI, FL 33157 US**

Mailing Address
**16250 SW 91 CT
25C
MIAMI, FL 33157 US**

\$158.75



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0265214	Applied For Not Applicable
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5. Certificate of Status Desired *✓* **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SHARIFI, MAJID
16250 SW 91 CT
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000729926
05/08/07-80059-012 158.75**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARIFI, MAJID 15750 SW 92 AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR AZADI, GISSOU 15750 SW 92 AVE MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-07 305-609-8272
Date Daytime Phone #