## 2007 FOR PROFIT CORPORATION

## FILED May 03, 2007 8:00 am Secretary of State

ANNUAL REPURI						Secretary or State			
DOCUMENT # P03000117494  1. Entity Name R&J MOTORS OF TAMPA, INC.						05-03-2007	90038 043 ***1:	50.00	
Principal Plac	de of Business	Mailing Address			4,0-				
2313-B W. COLUMBUS DRIVE TAMPA, FL 33607		2313-B W. COLUMBUS DRIVE TAMPA, FL 33607							
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt #, etc			04302007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numb 20-031		<del></del>	oplied For of Applicable	
Zıp	Country Zip Cou		Countr	ry	5. Certificate	of Status Desired	\$8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
MADDIG	A, RIGOBERTO			Name					
	. COLUMBUS DRIVE		Street Address			er is Not Acceptable	)		
				City		- t	FL Zip Cod	le	
8 The above	a gamed gality submits this statement for	or the purpose of phonesing its		d affice as sections			1		
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 lamiliar with, and accept the obligations of registered agent									
SIGNATURE Digoboxto Hadring (NOTE Registered Agent signature required when consisting)  Date  (NOTE Registered Agent signature required when consisting)									
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	SIN 11	
TVLL	PD	☐ Delete	1ITLE				☐ Change	Addition	
NAME	MADRUGA, RIGOBERTO		NAME						
STREET ADDRESS CHY ST ZIP	2313-B W. COLUMBUS DRIVE TAMPA, FL 33607			1 ADDRESS S1 ZIP					
TITLE	SD SD	☐ Delete	TITLE	51 &11			[7] (1	—————————————————————————————————————	
NAME	HERNANDEZ, LETICIA	LI Delete	NAME				Change	Addition Addition	
STREET ADDRESS	_		STREET	I AUDRESS					
ONY ST ZIP	TAMPA, FL 33607		CITY	S1 ZIP					
NAME	VPD   MADRUGA, IRENE	Delete	TIFLE				☐ Change	Addition 🗌	
STHEET ADDRESS	· ·		NAME STREET	1 ADDRESS				-	
CHY-ST ZIP	TAMPA, FL 33607		1	SI - ZIP					
THE		☐ Delete	HTLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS CITY - ST - ZIP			CITY - S	T ADDRESS ST-ZIP	-				
TITLE		☐ Defete	TITLE	İ			☐ Change	Addition .	
STREET ADDRESS			NAME STREET	I ADDRESS				ļ	
CHY-ST ZIP			CHY S						
-11EF		Delete	HTLE				☐ Change	Addition	
NAMIL S NO EX ADDRESOS			NAME						
SIRCET ADDRESS CITY-ST ZIP			SIPEET CITY S	1 ADDRESS St. ZIE					
12. Thereby	Certify that the information scionlier with	this filing does not qualify for	ina avar	motions contained	In Chanter 110	Florida Statuton 1	further certifu that the	nloumation	
12. Thereby certify that the information supplied with this filling 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: Date on Printed NAME OF SIGNING OFFICER OR DRIEGTOR Date Daylare Phone •									
			. \				· ·		