

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90004 035 \*\*\*150.00

**DOCUMENT # P03000119244**

1. Entity Name  
**JP AUTO GROUP CORP.**



Principal Place of Business  
**4172 E HILLSBOROUGH AVE  
TAMPA, FL 33610**

Mailing Address  
**4172 E HILLSBOROUGH AVE  
TAMPA, FL 33610**

**54067466**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07292004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**59-2407630**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4TH FL  
MIAMI, FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PERDOMO, JUAN J 4172 E HILLSBOROUGH AVE TAMPA, FL 33610	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERDOMO, DAYS J 4172 E HILLSBOROUGH AVE TAMPA, FL 33610	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JUAN PERDOMO**

Attachment 524067466  
Doc # 03000119244

**PJT**

**P. J. TESTA**  
**ACCOUNTANT**  
P. O. BOX 4562  
TAMPA, FLORIDA 33677  
ESTABLISHED 1974

813-877-9615

FAX 813-877-3257

1-800-293-7085

JULY 20<sup>TH</sup> 2004

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
P O BOX 6198  
TALLAHASSEE, FLORIDA 32314-6198

DEAR SIR:

PLEASE BE ADVISED THAT THE ATTACHED CORPORATION DID NOT RECEIVE THE ORIGINAL NOTIFICATION FOR THE RENEWAL OF THEIR CORPORATE CHARTER. AFTER SPEAKING WITH YOUR REPRESENTATIVE, I AM INCLUDING A CHECK IN THE AMOUNT OF \$ 150.00 TO COVER THE COSTS RELATING TO THIS PROCEDURE.

THANKING YOU IN ADVANCE FOR YOUR UNDERSTANDING AND COOPERATION, I REMAIN,

SINCERELY,

  
P. J. TESTA  
ACCOUNTANT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 29, 2004

P.J. TESTA  
P.O. BOX 4562  
TAMPA, FL 33677

SUBJECT: JP AUTO GROUP CORP.  
Ref. Number: P03000119244

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner  
Senior Section Administrator

Letter Number: 704A00047718