

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND

07-01-2005 90001 028 ***150.00
P04000000458

05 OCT -6 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000000458

1. Entity Name
J&J AUTO RECOVERY, INC.



Principal Place of Business
2243 BRYAN STREET
KISSIMMEE, FL 34741

Mailing Address
2243 BRYAN STREET
KISSIMMEE, FL 34741

2. Principal Place of Business

2243 Bryan St
Suite, Apt. #, etc.

3. Mailing Address

2243 Bryan St
Suite, Apt. #, etc.

City & State
Kissimmee, FL

Zip Country
34741 U.S.

City & State
Kissimmee, FL

Zip Country
34741 US

06282005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0544252- Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COLON, JESUS
2243 BRYAN STREET
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

TITLE PSD ☐ Delete
NAME COLON, JESUS
STREET ADDRESS 2243 BRYAN STREET
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE VTD ☐ Delete
NAME PAREJA, JUAN
STREET ADDRESS 2243 BRYAN STREET
CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

RECEIVED OCT 06 2005

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: Juan Pareja (VP)
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05 (407) 414-6892
Date Daytime Phone #