

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000019579

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** J M AUTOMOBILE REPAIR AND SERVICE OF BROWARD COUNTY, INC.

**Current Principal Place of Business:**

15 NW 9 AVE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

15 NW 9 AVE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 55-0858391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTINEZ, YOEL  
15 NW 9 AVE  
FT LAUDERDALE, FL 33311 US

**Name and Address of New Registered Agent:**

MARTINEZ, JOEL  
15 NW 9 AVE  
FT LAUDERDALE, FL 33311 US

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.

SIGNATURE: JOEL

02/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: OD  
Name: MARTINEZ, JOEL  
Address: 1400 NW 47 AVE  
City-St-Zip: COCONUT CREEK, FL 33063

Title: D  
Name: MARTINEZ, MAYELIN M  
Address: 1400 NW 47 AVE  
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL

PRES

02/29/2012

Electronic Signature of Signing Officer or Director

Date