

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000038473

1. Entity Name
JAPANESE AUTO CARE, INC.



FILED

08 DEC - 1 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
23193 SANDLEFOOT PLAZA DRIVE
B
BOCA RATON, FL 33428 US

Mailing Address
23193 SANDLEFOOT PLAZA DRIVE
B
BOCA RATON, FL 33428 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

11252008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0805734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CAPPIELLO, MITCHELL
23193 SANDLEFOOT PLAZA DRIVE
B
BOCA RATON, FL 33428

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, the registered agent.

SIGNATURE *Mitchell Cappello* 11-26-08
Signature, typed or printed name of registered agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPPIELLO, MITCHELL	
STREET ADDRESS	3822 NW 59TH STREET	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEICH, MARK	
STREET ADDRESS	680 NW 111TH WAY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, EDWARD S	
STREET ADDRESS	8178 LA JOLLA VISTA LANE	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mark Teich* MARK TEICH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/26/08 954-971-5411
Date Daytime Phone #