


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90013 005 ***150.00

DOCUMENT # P04000077806	
1. Entity Name J & H TRUCK REPAIR, CORP.	

Principal Place of Business 7558 N.W. 173RD TERRACE MIAMI, FL 33015	Mailing Address 7558 N.W. 173RD TERRACE MIAMI, FL 33015
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2. Principal Place of Business 12370 SW 212 ST Suite, Apt. #, etc.	3. Mailing Address 12370 SW 212 ST Suite, Apt. #, etc.
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City & State Miami FLA	City & State Miami FLA
Zip 33177	Country Miami-DADE



01302006 Chg-P CR2E034 (11/05)

4. FEI Number 83-0396938	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALERA, JUAN 7558 N.W. 173RD TERRACE MIAMI, FL 33015	
7. Name and Address of New Registered Agent Name VALERA, JUAN Street Address (P.O. Box Number is Not Acceptable) 12370 SW 212 ST City Miami FL Zip Code 33177	

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 ☒ **Juan Valera** **1/30/2006**
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALERA, JUAN 7558 N.W. 173RD TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALERA, JUAN 12370 SW 212 ST Miami, FLA 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PEREZ, HUMBERTO 7558 N.W. 173RD TERRACE MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	✓ 1001 SW VERSAILLES AVE Port Saint Lucie FLORIDA 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: ☒ **Juan Valera** **1/30/2006** **(786) 586-8105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #