


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2005 8:00 am
Secretary of State

08-04-2005 90004 033 ***150.00

DOCUMENT # P04000138073	
1. Entity Name JC AUTO TRANSPORT INC.	

Principal Place of Business 14060 NW 20TH AVE OPA LOCKA, FL 33054	Mailing Address 14060 NW 20TH AVE OPA LOCKA, FL 33054
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2. Principal Place of Business		3. Mailing Address 1747 NW 38 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State FORT LAUDERDALE, FL	
Zip	Country	Zip 33311	Country USA



07222005 Chg-P CR2E034 (10/03)

4. FEI Number 33-1101606	1 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DAWKINS, JUNIOR 17851 90TH ST N LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE 7/20/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALLET, CLIVE JR. 1747 NW 38TH AVE. FT LAUDERDALE, FL 33311 <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	D MALLET, CLIVE SR. 1747 NW 38TH AVE. FT LAUDERDALE, FL 33311 <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 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 