

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90430 016 ***150.00

DOCUMENT # P04000151855			
1. Entity Name JOE'S TRUCK REPAIR INC			
Principal Place of Business 3537 NW 49TH ST MIAMI, FL 33142		Mailing Address 3537 NW 49TH ST MIAMI, FL 33142	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 74-3133743		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOSE E. FERNANDEZ 3537 NW 49TH ST MIAMI, FL 33142		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 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$880.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME JOSE E. FERNANDEZ STREET ADDRESS 3537 NW 49TH ST CITY- ST- ZIP MIAMI, FL 33142	☐ Delete	TITLE Change ☐ Add ☐	
TITLE VD NAME CRISTIAN FERNANDEZ STREET ADDRESS 3537 NW 49TH ST CITY- ST- ZIP MIAMI, FL 33142	☐ Delete	TITLE Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE Change ☐ Add ☐	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE Change ☐ Add ☐	
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:		04-28-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	