

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017699

Entity Name: T. J. TRAILER REPAIR INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

640 THORPE ROAD  
ORLANDO, FL 32824

## New Principal Place of Business:

640 THORPE ROAD  
ORLANDO, FL 32824 US

## Current Mailing Address:

P.O. BOX 772753  
ORLANDO, FL 32877

## New Mailing Address:

P.O. BOX 772753  
ORLANDO, FL 32877 US

FEI Number: 84-1669433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

AMABLE, CARIDAD  
2812 PATRICK ST.  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

AMABLE, CARIDAD  
2807 BOCA PALMS CIR  
KISSIMMEE, FL 34741 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: CARIDAD AMABLE

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: AMABLE, CARIDAD  
Address: 1920 ISLAND CIR APT 206  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AMABLE, CARIDAD  
Address: 2807 BOCA PALMS CIR  
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARIDAD AMABLE

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date