

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000017699

Entity Name: T. J. TRAILER REPAIR INC.

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

640 THORPE ROAD  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 772753  
ORLANDO, FL 32877 US

**New Mailing Address:**

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  
2807 BOCA PALMS CIR  
KISSIMMEE, FL 34741 US

**Name and Address of New Registered Agent:**

AMABLE, CARIDAD  
2087 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: AMABLE CARIDAD

Electronic Signature of Registered Agent

04/16/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: AMABLE, CARIDAD  
Address: 2087 BOCA PALMS CIR  
City-St-Zip: KISSIMMEE, FL 34741 US

I hereby 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 all other like empowered.

SIGNATURE: AMABLE CARIDAD

Electronic Signature of Signing Officer or Director

P

04/16/2012

Date