

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90031 013 ***150.00

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1. Entity Name

JUSTIN AUTO SALES CORP



Principal Place of Business

1301 NE MIAMI GARDENS DRIVE
APT. 724
MIAMI FL 33179-4760

Mailing Address

1301 NE MIAMI GARDENS DRIVE
APT. 724
MIAMI FL 33179-4760



2. Principal Place of Business

3551-BNW 36ST

Suite, Apt. #, etc.

3. Mailing Address

3530 MYSTIC POINTE DR

Suite, Apt. #, etc.

3107

1st MOORE

CR2E034 (10/05)

City & State

MIAMI

FLORIDA

Zip

33142

Country

City & State

AVENTURA FLORIDA

Zip

33180

Country

4. FEI Number

52-2452405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOROSZCZ, MARCELO
1301 NE MIAMI GARDENS DRIVE
APT. 724-W
MIAMI FL 33179-4760

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CHOROSZCZ, MARCELO
STREET ADDRESS 1301 NE MIAMI GARDENS DRIVE #724W
CITY-ST-ZIP MIAMI FL 33179-4760

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCELO CHOROSZCZ

02-20-06

305-762-2596

Date

Daytime Phone #