

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P05000028917

1. Entity Name

K & J AUTO BODY SHOP CORP.



Principal Place of Business

9190 NW 119TH ST - BAY # 2  
HIALEAH FL 33018

Mailing Address

9190 NW 119TH ST - BAY # 2  
HIALEAH FL 33018



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 20-2489306

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, FELIPE  
9232 NW 120TH TERRACE  
HIALEAH GARDENS FL 33018

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
CHAVEZ, FELIPE  
9232 NW 120TH TERRACE  
HIALEAH GARDENS FL 33018 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
U000000763540  
05/30/07-80014-018 150.00 ☐ Change ☐ Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIPE CHAVEZ PRESIDENT

04-06-07

305-336-4053

Date

Daytime Phone #