## 2007 FOR PROFIT CORPORATION

## May 14, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P06000007667 1. Entity Name 05-14-2007 90098 009 \*\*\*150 00 JJ&Y WHEEL REPAIR SPECIALISTS, INC. Principal Place of Business Mailing Address 10290 NW 36TH STREET 10290 NW 36TH STREET SUITE 7 SUITE 7 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2996 SW 15TH 2<u>996 SW 157H ST BEE</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05082007 City & State City & State Applied For DEERFIELD BTACHIT 20-4168 036 Not Applicable DF ERFIELD Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 3442 BROWARI <u>Roward</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EDUARDO F AMAYA AMAYA, EDUARDO F Street Address (P.O. Box Number is Not Acceptable) 2946 S.U. JSTH STREET **10290 NW 36TH STREET** SUITE 7 CORAL SPRINGS, FL 33065 DEERFIELD 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 FOUND 06 AMNYA EOUARDO F anolicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITI F Change Addition ☐ Delete TITLE AMAYA, EDUARDO F EDUARDO F AMAYA NAME NAME STREET ADDRESS 10290 NW 36TH STREET STREET ADDRESS 2496 SW 15TH STREET DEERFIELD BEACH, F CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY-ST-ZIP 3 3417 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TETLE ☐ Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

DUARDO AMAYA OSIOJOT SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

12. I hereby certify that the information supplied with this fling does not qualify for the exemptions contained 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 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 of 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 addresse with all other like empowered.