

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143681

Entity Name: NEXJAMZ AUTO, INC.

FILED  
Apr 28, 2007  
Secretary of State

**Current Principal Place of Business:**

503 BARRY STREET  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

503 BARRY STREET  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 20-5883757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEWIS, COLIN  
503 BARRY STREET  
ORLANDO, FL 32808 US

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

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:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LEWIS, COLIN  
Address: 503 BARRY STREET  
City-St-Zip: ORLANDO, FL 32808

Title: VP ( ) Delete  
Name: LEWIS, KARLENE  
Address: 503 BARRY STREET  
City-St-Zip: ORLANDO, FL 32808

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: COLIN LEWIS

P

04/28/2007

Electronic Signature of Signing Officer or Director

Date