

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000055622

Entity Name: JJJ AUTO BODY SHOP INC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

5214 NW 35TH AVE  
MIAMI, FL 33142

## New Principal Place of Business:

1547 NW 24 ST  
MIAMI, FL 33142

## Current Mailing Address:

5214 NW 35TH AVE  
MIAMI, FL 33142

## New Mailing Address:

1547 NW 24 ST  
MIAMI, FL 33142

FEI Number: 20-8989108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CRUZ, JOSEFA  
1547 NW 24ST  
MIAMI, FL 33142 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: CRUZ, ALEXIS  
Address: 1547 NW 24ST  
City-St-Zip: MIAMI, FL 33142

Title: VP ( ) Delete  
Name: CRUZ, JOSEFA  
Address: 1547 NW 24ST  
City-St-Zip: MIAMI, FL 33142

## 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: ALEXIS CRUZ

PRE

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date