

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90233 039 ***150.00

DOCUMENT # P94000012252	
1. Entity Name JOHN J. AUTO SALES, INC.	

Principal Place of Business 300 NW 36 ST MIAMI, FL 33127	Mailing Address 300 NW 36 ST MIAMI, FL 33127
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40082336



2. Principal Place of Business 1374 NW 36 ST Suite, Apt. #, etc	3. Mailing Address 1374 NW 36 ST Suite, Apt. #, etc
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04132005 Chg-P CR2E034 (10/03)

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33142	Zip 33142
Country U.S.A	Country U.S.A

4. FEI Number 65-0474502	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEROSE, EMMANUEL 1341 N.E. 158TH STREET NORTH MIAMI BEACH, FL 33162	
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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 filed applicable) (If 04- Registered Agent signature required when renewing) Date

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS																									
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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 or in an attachment with an address, with all other like empowerings.

SIGNATURE: Emmanuel Deroose 04-18-06 78-277-3565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR