


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jun 19, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90049 007 \*\*\*150.00

**DOCUMENT # P94000025048**

1. Entity Name  
**ALJ AUTO DIAGNOSTIC, REPAIR AND SALES INC.**



Principal Place of Business      Mailing Address  
**5618 DEWEY ST**                      **5618 DEWEY ST**  
**HOLLYWOOD FL 33023**              **HOLLYWOOD FL 33023**  
**US**    **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**5618 Dewey ST**                                      **5618 Dewey ST**  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
**HOLLYWOOD**    **HOLLYWOOD**

City & State                                      City & State  
**FL 33023**    **FL 33023**

Zip                      Country                      Zip                      Country

4. FEI Number **65-0492176**      Applied For  
 Not Applicable

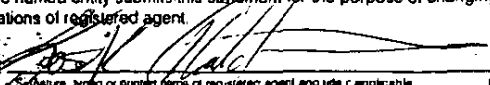
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**HUTCHINSON, JOSEPH**  
**5618 DEWEY ST**  
**HOLLYWOOD FL 33023**

Name  
 Street Address (P. O. Box Number is Not Acceptable)  
 City    **FL**      Zip Code **33023**

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.

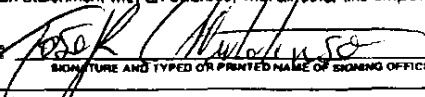
SIGNATURE:       (NOTE: Registered Agent signature required when re-registering)      06-10-07 DATE

**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	PD HUTCHINSON, JOSEPH <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTCHINSON, JOSEPH	NAME	
STREET ADDRESS	11034 SW MANOR	STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33324	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:       06 10 07      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR