2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000016315

1. Entity Name
J & Y CLASSIC MACHINE SHOP, CORP.

Principal Place of Business	Mailing Address
1215 W CENTRAL BLVD	1215 W CENTRAL BLVD
ORLANDO, FL 32805 US	ORLANDO, FL 32805 US

DO NOT WRITE IN THIS SPACE

01132008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3378532		Not Applicable

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

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6. Name and Address of Current Registered Agent

MUSTAFA, SILEM
1180 ROUNDTABLE DR
CASSELBERRY, FL 32707

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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

TITLE	D
NAME	MUSTAFA, SILEM
STREET ADDRESS	202 WILSHIRE DR
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	D
NAME	HERNANDEZ, FRANICSO A
STREET ADDRESS	202 WILSHIRE DR
CITY-ST-ZIP	CASSELBERRY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 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: _____   3/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #