2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000042101

1. Entity Name

JUNIORS AUTO SALES, CORP.



Principal Place of Business

3515 NW 12 TERRACE MIAMI, FL 33125 Mailing Address

3515 NW 12 TERRACE MIAMI, FL 33125

FILED Apr 30, 2004 08:00 AM Secretary of State



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0665540 Applied For Not Applicable

5. Certificate of Status Desired

180

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, JOSE A. 3515 NW 12 TERR MIAMI, FL 33125

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MIMIVII, FL 33123			IN THIS SPACE		
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 Signalure typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees			000000142390 04/30/04-80048-021 158.75
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CORDERO, ROLANDO 13135 SW 54 ST MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HERNANDEZ, JOSE A 3515 NW 12TH TERRACE MIAMI, FL 33125				
TITLE NAME STREET AODRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE					

12. Thereby 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 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:

NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #