

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 002 ***150.00

DOCUMENT # P96000098580

1. Entity Name

A-1 JAPANESE AUTO CARE, INC.



Principal Place of Business

1213 N. STATE ROAD 7
BAY 17
ROYAL PALM BEACH FL 33411

Mailing Address

1213 N. STATE ROAD 7
BAY 17
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0715626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TONG, HAI P.
6522 SW 10TH CT.
N. LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name **KHUYEN NGUYEN**

Street Address (P.O. Box Number is Not Acceptable)

1030 Park Hill

West Palm Beach,

City **West Palm Beach**

FL

Zip Code

33417

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

KHUYEN NGUYEN

(NOTE: Registered Agent signature required when reinstating)

4/18/2006

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
TONG, HAI P
6522 SW 10TH CT.
N. LAUDERDALE FL 33068 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVS - PRESIDENT
NGUYEN, KHUYEN
1030 PARK HILL
WEST PALM BEACH FL 33417 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 (561) 792-3736

Date

Daytime Phone #