2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000098580

1. Entity Name

A-1 JAPANESE AUTO CARE, INC.



FILED Jan 08, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1213 N. STATE ROAD 7 ROYAL PALM BEACH, FL 33411 1213 N. STATE ROAD 7 ROYAL PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

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

NGUYEN, KHUYEN 1213 N. STATE ROAD 7 ROYAL PALM BEACH, FL 3341

DO NOT WRITE IN THIS SPACE

ROYAL PALM BEACH, FL 33411			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_	Signature, typed or printed name of glaste but agent and title		Agent signature re	E N equired when reinstalling)	01-04-07 DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
NAME Street Address City-St-Zip	P NGUYEN, KHUYEN 1030 PARK HILL WEST PALM BEACH, FL 33417				H00000577772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000577773 01/09/07-80002-023 150.00	
TITLE Name Street address City-St-Zip				DO	NOT WRITE	
IITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR INNTED MAME OF BIGNING OFFICER

CHOYEN NGUY

01-04-0

(SCI) 792-37?

Daytime Phone #