

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

05-01-2006 90420 011 \*\*\*150.00

**DOCUMENT # P96000100488**

1. Entity Name  
**ALL JAPANESE ENGINES CORP.**



Principal Place of Business  
**14995 N.W. 22 CT.  
OPALOCKA, FL 33054 US**

Mailing Address  
**14995 N.W. 22 CT.  
OPALOCKA, FL 33054 US**

**DO NOT WRITE IN THIS SPACE**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0717939**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ALL JAPANESE ENGINES  
5690 W. 14TH CT.  
HIALEAH, FL 33012**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May-1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	NUNEZ, CHARLES
STREET ADDRESS	5690 W. 14 CT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	VP
NAME	NUNEZ, TONY
STREET ADDRESS	5690 W. 14 CT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	T
NAME	NUNEZ, CHARLES
STREET ADDRESS	5690 W 14 CT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	S
NAME	NUNEZ, FLORA
STREET ADDRESS	5690 W 14 CT
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: Charles Nunez **CHARLES NUNEZ** 4/12/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone #