

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008260

Entity Name: J & L TRANS PARTS, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

9900 N DALE MABRY
TAMPA, FL 33618

New Principal Place of Business:

5008 W. LINEBAUGH AVE. SUITE 25
TAMPA, FL 33624

Current Mailing Address:

9900 N DALE MABRY
TAMPA, FL 33618

New Mailing Address:

5008 W. LINEBAUGH AVE. SUITE 25
TAMPA, FL 33624

FEI Number: 59-3489673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERSON, LEILANI
9900 N DALE MABRY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

ROBERSON, LEILANI
5008 W. LINEBAUGH AVE. SUITE 25
TAMPA, FL 33624 US

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.

SIGNATURE: FABIAN ROMO

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERSON, JEFF
Address: 9900 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: ROBERSON, LEILANI
Address: 9900 N DALE MABRY
City-St-Zip: TAMPA, FL 33618

Title: T () Delete
Name: ROMO, RICK
Address: 10019 PARLEY DR
City-St-Zip: TAMPA, FL 33625

Title: VP () Delete
Name: ROMO, FABIAN
Address: 110169 WINGATE DR
City-St-Zip: TAMPA, FL 33621

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN ROMO

VP

04/20/2009

Electronic Signature of Signing Officer or Director

Date