


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90023 017 ***150.00

DOCUMENT # P98000083302

1. Entity Name
JESUS AUTO SOUND & ALARM SYSTEMS, INC.



Principal Place of Business Mailing Address
2020 SW 61ST AVENUE **2020 SW 61ST AVENUE**
MIAMI, FL 33155 **MIAMI, FL 33155**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1018 NW 32ND PL. **1078 NW 32ND PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State
MIAMI, FL **MIAMI, FL**

Zip Country Zip Country
33125 **USA** **33125** **USA**

6. Name and Address of Current Registered Agent

GUTIERREZ, SALVADOPR J
2020 SW 61ST AVENUE
MIAMI, FL 33155

40102554



04232008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0865343 Not Applicable

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

7. Name and Address of New Registered Agent

Name
SALVADOR J. GUTIERREZ

Street Address (P.O. Box Number Not Acceptable)
1018 NW 32ND PL.

City State Zip Code
MIAMI **FL** **33125**

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 R DATE 4/24/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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	PD GUTIERREZ, SALVADOR J 2020 SW 61ST AVENUE MIAMI, FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SALVADOR J. GUTIERREZ, Pres. DATE: 4/24/08 PHONE: 305-307-6669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #