2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State
03-15-2007 90029 021 ***150.00

DOCUMENT # P99000004383

1. Entity Name
JAP AUTO MASTERS INC.

Principal Place of Business	Mailing Address
2201 S E INDIAN ST UNIT C-3 STUART FL 34997	2201 S E INDIAN ST UNIT C-3 STUART FL 34997

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0897354 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'DONNELL, HUGH J
2201 S E INDIAN ST UNIT C-3
B&A INDUSTRIAL PARK
STUART FL 34997

7. Name and Address of New Registered Agent

Name: BERNARDO GONZALEZ
Street Address (P.O. Box Number is Not Acceptable): 2201 SE INDIAN ST UNIT C3
City: STUART, FL. FL Zip Code: 34997

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 3-6-07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'DONNELL, HUGH 2201 S E INDIAN ST UNIT C-3 STUART FL 34997	☒ Delete	PRES. BERNARDO GONZALEZ 2201 SE INDIAN ST UNIT C3 STUART, FL 34997	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST O'DONNELL, LISA 2201 S E INDIAN ST UNIT C-3 STUART FL 34997	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] Hugh O'Donnell Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date — (772) 286-9599 Daytime Phone #