2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000057432

1. Entity Name
J & J MOPAR, INC.

Principal Place of Business	Mailing Address
44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084	44 AVENIDA MENENDEZ ST. AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

01182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3584893	Not Applicable

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

6. Name and Address of Current Registered Agent

KORDIC, JOHN
4404 MANUCY ROAD
SAINT AUGUSTINE, FL 32084

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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 registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

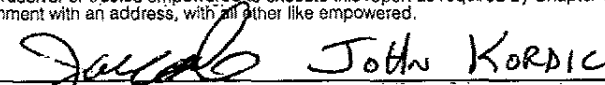| **FILE NOW!!! FEE IS $150.00** **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000608802 02/01/07-80025-009 150.00

10.	OFFICERS AND DIRECTORS		
TITLE	D		
NAME	ARBIZZANI, L. JOHN		
STREET ADDRESS	44 AVENIDA MENENDEZ		
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084		
TITLE	V		
NAME	KORDIC, JOHN		
STREET ADDRESS	4404 MANUCY ROAD		
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		
TITLE			
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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: _____ JOHN KORDIC   1/25/07   904-377-0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #