## 2008 FOR PROFIT CORPORATION

## FILED Apr 02, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # V45863** 04-02-2008 90029 040 \*\*\*150.00 J & C AUTO ELECTRIC, INC. Principal Place of Business Mailing Address 40031100 1667 W 40 STREET 1667 W 40TH ST HIALEAH, FL 33012 US HIALEAH, FL 33012 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112008 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 65-0348573 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, JULIO Street Address (P.O. Box Number is Not Acceptable) **1960 WEST 63 STREET** HIALEAH, FL 33012 City Zip Code 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS TITLE ☐ Change ☐ Delete Addition RODRIGUEZ, JULIO NAME NAME **1960 WEST 63 STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ---STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME

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.

STREET ADDRESS CITY-ST-7IP

NAME STREET ADDRESS

CITY-ST-ZIP

OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRIN

Daytime Phone #