

1.) CORPORATION NAME: <b>J J AUTO REPAIR &amp; TOWING, INC.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOSE VELASQUEZ          4948-B EISENHOWER AVE          ALEXANDRIA, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ALEXANDRIA CITY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b>	DUE DATE: <b>3/31/2014</b> SCC ID NO: <b>07619059</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
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6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 4948-B EISENHOWER AVE CITY/ST/ZIP: ALEXANDRIA, VA 22304

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOSE VELASQUEZ TITLE: DIRECTOR ADDRESS: 4948-B EISENHOWER AVE CITY/ST/ZIP/CO: ALEXANDRIA, VA 22304	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: jose maria velasquez TITLE: DIRECTOR ADDRESS: 4948-b eisenhower CITY/ST/ZIP/CO: alexandria, VA 22304	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: jose maria velasquez TITLE: PRESIDENT ADDRESS: 4948-b eisenhower CITY/ST/ZIP/CO: alexandria, VA 22304	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOSE VELASQUEZ	JOSE VELASQUEZ, DIRECTOR	3/11/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.