

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556599

FILED  
Apr 03, 2006  
Secretary of State

Entity Name: UNIVERSITY CAR CARE, INC.

## Current Principal Place of Business:

1492 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146

## New Principal Place of Business:

## Current Mailing Address:

1492 SOUTH DIXIE HIGHWAY  
CORAL GABLES, FL 33146

## New Mailing Address:

FEI Number: 59-1795459

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ESCOBAR, EDUARDO  
401 SW 8TH ST  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: ESCOBAR, MARTA L  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

Title: TD ( ) Delete  
Name: ESCOBAR, MANUEL R  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: ESCOBAR, JR, MANUEL A  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: ESCOBAR, EDUARDO  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: DIAZ, MARTA  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

Title: VP ( ) Delete  
Name: DIAZ, JUAN  
Address: 401 SW 8TH ST  
City-St-Zip: MIAMI, FL 33130

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition  
Name: ESCOBAR, MARTA L  
Address: 5819 TURIN ST  
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change ( ) Addition  
Name: ESCOBAR, MANUEL R  
Address: 12465 SW 33 ST  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO ESCOBAR

VP

04/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date