# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 23, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P00000052109

1. Entity Name
ARTEMISA JAPANESE CAR CARE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6966 SW 4TH ST<br>MIAMI, FL 33144 | 6966 SW 4TH ST<br>MIAMI, FL 33144 |

01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1010654
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUZMAN, EDDY
7775 S.W. 32ND TERRACE
MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100100399386
02/01/06-80009-006 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | VD |
| NAME | DOMINGUEZ, MAYDEL |
| STREET ADDRESS | 10310 SW 40TH TERRACE |
| CITY-ST-ZIP | MIAMI, FL 33165 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:** Maydel Dominguez 1-20-06 3052627467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #