2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 All Secretary of State

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DOCUMENT # P0000069787 1. Entity Name RICK CASE CARS, INC.					Se	ecretary of Sta
Principal Plac	ce of Business	Mailing Address				
500 EAST BROWARD BLVD SUITE 1950 500 EAST BROWARD BLVD SU FORT LAUDERDALE, FL 33394 FORT LAUDERDALE, FL 3339				1 (50)(0.2) (1	. 22 111 22 111 22 111 22 111 2	
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ב	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For
· ,				65-104	1944	Not Applicable
£ , 4, j	• • • • • • • • • • • • • • • • • • •		**	5. Certificate	of Status Desired	See Required
	6. Name and Address of Current Re	gistered Agent	_		Transfer of the second	
HARDIN, DAVID C 500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394				, '}	NOT WE	
			**		中毒酶 种类种	
	named entity submits this statement for thickness of registered agent.	ne purpose of changing its registe	red office or registe	red agent, or bo	th, in the State of Florid	da. I am familiar with, and accept
SIGNATURE						
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution.				.00 May Be ded to Fees		
10.	OFFICERS AND DI	RECTORS	, , ,	. e:/		
TITLE NAME STREET ADDRESS	D CASE, RICK 949 HILLSBORO MILE		J. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18		**************************************	96890 9024-021 150.00
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062			£ ,	047 237 00-0	JOE4-051 130.00
NAMÉ	D CASE, RITA		5.45	त्र के क्षेत्र हैं। या के क्षेत्र के की किस्ता करें		Section 1
STREET ADDRESS CITY-ST-ZIP	949 HILLSBORO MILE HILLSBORO BEACH, FL 33062				adu s Se conservation de la cons	A Secretary of the secr
TITLE NAME						
STREET ADDRESS CITY-ST-ZIP			military and estilia	- DO	NOT WE	RITE
TITLE			1 .	IN T	THIS SPA	ACE.
NAME STREET ADDRESS					rapida da dalah	
CITY-ST-ZIP			1	3 44 July	.11	

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 treater impowered 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 wittylan againsts, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/08

954-377-7420

Daytima Phone #