


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90070 022 ***150.00

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DOCUMENT # P02000051455			
1. Entity Name BOLCAR INTERNATIONAL, INC.			
Principal Place of Business 16500 COLLINS AVENUE 454 SUNNY ISLES, FL 33160		Mailing Address 16500 COLLINS AVENUE 454 SUNNY ISLES, FL 33160	
2. Principal Place of Business		3. Mailing Address 2121 PONCE DE LEON BLVD # # 740	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip	Country
		33134	MIAMI DADE
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBAYNA, MIGUEL ANGEL 16500 COLLINS AVENUE #454 SUNNY ISLES, FL 33160		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBAYNA, MIGUEL ANGEL	NAME	
STREET ADDRESS	16500 COLLINS AVENUE #454	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODAYNA, MARIA E	NAME	ROBAYNA, MARIA EUGENIA
STREET ADDRESS	16500 COLLINS AVE., #454	STREET ADDRESS	16500 COLLINS AVE # 454
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	CITY-ST-ZIP	SUNNY ISLES Bch, FL 33160
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERI, LUCIANO N	NAME	
STREET ADDRESS	16500 COLLINS AVENUE #454	STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES, FL 33160	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	RUEBA de ROBAYNA, HIRTA SUSANA
STREET ADDRESS		STREET ADDRESS	16500 COLLINS AVE #454
CITY-ST-ZIP		CITY-ST-ZIP	SUNNY ISLES Bch, FL 33160
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		_____ 02/28/05 305/968-6281 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			