

DOCUMENT # P02000083897

2004

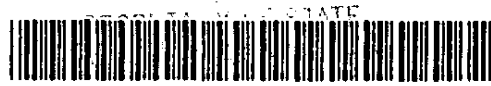
Entity Name

VARADERO CAR CENTER ENTERPRISES CORP

FILED

04 JUL 26 AM 9:28

Principal Place of Business Mailing Address
12949 WEST OCKEECHOBEE RD #4
HIALEAH GARDENS FL. 33018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 82-0555891		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name JACKELINE RAMIREZ			
				Street Address (P.O. Box Number is Not Acceptable)			
				12949 WEST OCKEECHOBEE RD #4			
				City HIALEAH GARDENS FL. FL			
				Zip Code 33018			

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME	JACKELINE RAMIREZ <input type="checkbox"/> Delete	TITLE		NAME	700039910187 <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	08/05/04--01056--009 **150.00
STREET ADDRESS	12949 W OCKEECHOBEE RD #4	STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	HIALEAH GARDENS FL. 33014	CITY-ST-ZIP					
NAME	VP RUBEN PORTIELES <input type="checkbox"/> Delete	TITLE		NAME		STREET ADDRESS	
STREET ADDRESS	12949 W OCKEECHOBEE RD #4	STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP	HIALEAH GARDENS FL. 33014	CITY-ST-ZIP					
NAME	<input type="checkbox"/> Delete	TITLE		NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP					
NAME	<input type="checkbox"/> Delete	TITLE		NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP					
NAME	<input type="checkbox"/> Delete	TITLE		NAME		STREET ADDRESS	
STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP					

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 26 AM 9:28
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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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #