


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90018 023 \*\*\*150.00

**DOCUMENT # P02000083897**

1. Entity Name  
**VARADERO CAR CENTER ENTERPRISES, CORP.**



Principal Place of Business      Mailing Address  
 12949 WEST ODKECHOBEE RD., NO. 4      12949 WEST ODKECHOBEE RD., NO. 4  
 HIALEAH GARDENS, FL 33018      HIALEAH GARDENS, FL 33018

*12905 W OKEECHOBEE RD*

**40018828**



2. Principal Place of Business      3. Mailing Address  
*12905 WEST OKEECHOBEE RD #7*

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*H 7*      *H 7*

City & State      City & State  
*HIALEAH GARDENS*      *HIALEAH GARDENS FL.*

Zip      Country      Zip      Country  
*33018*      *DADE*      *33018*      *Miami-DADE*

02102005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**82-0555891**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAMINEZ, JACKELINE**  
 12949 WEST OKEECHOBEE RD #4  
 HIALEAH GARDENS, FL 33018

7. Name and Address of New Registered Agent  
 Name **JACKELINE RAMIREZ**  
 Street Address (P.O. Box Number is Not Acceptable)  
*10490 NW 133 ST*  
 City **HIALEAH GARDENS FL**      Zip Code **33018**

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.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAMIREZ, JACKELIN	
STREET ADDRESS	7626 W. 34TH LN. #102	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTIELIS, RUBEN	
STREET ADDRESS	7626 W. 34TH LN. #102	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAZAN, JUAN MIGUEL	
STREET ADDRESS	3165 W. 78TH STREET	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	P	<input type="checkbox"/> Delete
NAME	RAMINEZ, JACKELINE	
STREET ADDRESS	12949 W OCKEECHOBEE RD #4	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PORTIELES, RUBEN	
STREET ADDRESS	12949 W OCKEECHOBEE RD #4	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>10490 NW 133 ST</i>	
CITY-ST-ZIP	<i>HIALEAH GARDENS FL 33018</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>10490 NW 133 ST</i>	
CITY-ST-ZIP	<i>HIALEAH GARDENS FL. 33018</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>104</i>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *[Signature]* \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR