


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000067579					
1. Entity Name ANTIQUE CARS OF MIAMI, INC.					
Principal Place of Business 10641 NW 54 ST MIAMI, FL 33178			Mailing Address 10641 NW 54 ST MIAMI, FL 33178		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suits, Apt. #, etc.			Suits, Apt. #, etc.		
City & State			City & State		
7th	Country	Zip	Country	4. FEI Number 26-0320075	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent QUINTA, SANDRA 10641 NW 54 ST MIAMI, FL 33178				7. Name and Address of New Registered Agent	
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 _____ <small>Signature, name or printed name of registered agent and title if applicable. PRINT: Registered Agent signature required when reelecting. - DAIL</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	QUINTA, SANDRA		NAME		
STREET ADDRESS	10641 NW 54 ST		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI, FL 33178		CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
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 of changed, or on an attachment with an address, will, or other like empowered.					
SIGNATURE: _____			05/23/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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04292008 Chg-P CR2E034 (12/06)