


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 518024</b>		
1. Entity Name <b>SIMCLAR, INC.</b>		
Principal Place of Business 2230 WEST 77TH STREET HIALEAH, FL 33016	Mailing Address 2230 W 77 ST. HIALEAH, FL 33016 US	



05012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1709103</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
GRIFFIN, MARSHALL 2230 WEST 77TH STREET HIALEAH, FL 33016	

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IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO RUSSEL, SAMUEL 2230 W. 77 ST. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARDON, BARRY 2230 W. 77 ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GRIFFIN, MARSHALL 2230 W. 77 ST. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANSON, A. GZAMIE 2230 W 77 ST HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFPD DURIE, JOHN I 2230 W. 77 ST. HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSEL, CHRISTINA M 2230 W. 77 ST. HIALEAH, FL 33016

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05/25/07-80056-005 158.75

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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Barry Pardon **5/1/07** **(305) 556-9210**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #