

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 675441

**1. Entity Name
CUSTOM AUTO DESIGN, INC.**



**Principal Place of Business
2000 SW 100 TERR.
MIRAMAR, FL 33025-1836**

**Mailing Address
2000 SW 100 TERR.
MIRAMAR, FL 33025-1836**



04102006 No Chg-P CR2E034 (11/05)

**4. FEI Number
59-2007712**

**Applied For
Not Applicable**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FERRER, GUSTAVO
2000 SW 100 TERR.
MIRAMAR, FL 33025-1836**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME FERRER, GUSTAVO J.
STREET ADDRESS 5220 KING ARTHUR DRIVE
CITY-ST-ZIP DAVIE, FL 33331**

**TITLE STD
NAME FERRER, GUSTAVO R.
STREET ADDRESS 7836 NW 60TH CT
CITY-ST-ZIP MIAMI, FL**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000510983
04/29/06-80029-017 150.00**

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-06

Date

Daytime Phone #