


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # 681472 1. Entity Name CAR SAL, INC. |  |
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| Principal Place of Business % SALVATORE BELLASSAI 3460 NW 35TH STREET LAUDERDALE LAKES, FL 33309 | Mailing Address % SALVATORE BELLASSAI 3460 NW 35TH STREET LAUDERDALE LAKES, FL 33309 |
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03302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-1626886 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BELLASSAI, SALVATORE 3460 N.W. 35TH ST. LAUDERDALE LAKES, FL 33309 |
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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.

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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000495521 04/21/06-80012-020 150.00 |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|----------------------|
| TITLE | DP |
| NAME | BELLASSAI, SALVATORE |
| STREET ADDRESS | 3460 N.W. 35TH ST. |
| CITY-ST-ZIP | LAUDERDALE LAKES, FL |
| TITLE | D |
| NAME | BELLASSAI, SHEILA |
| STREET ADDRESS | 3460 N.W. 35TH ST. |
| CITY-ST-ZIP | LAUDERDALE LAKES, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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.

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| SIGNATURE _____ 4/5/06 954564-8488 |
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