

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90251 008 \*\*\*150.00

**DOCUMENT # F01000005854**

1. Entity Name  
**AEROCAR INTERNATIONAL INC.**



Principal Place of Business  
**2437 NW 97TH AVE  
MIAMI, FL 33172**

Mailing Address  
**2437 N.W. 97TH AVENUE  
MIAMI, FL 33172**



03132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1092037**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARVESU & ASSOCIATES  
ALAMBRA CIRCLE  
SUITE 502  
CORAL GABLES, FL 33134**

Name  
**TONY VALDES CPA PA**

Street Address (P.O. Box Number is Not Acceptable)

**2550 NW 72 AVENUE SUITE 111**

City **MIAMI**

FL

Zip Code

**33122-1347**

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

**TONY VALDES**

(NOTE: Registered Agent signature required when reinstating)

**3/13/06**

DATE

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

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **GOMEZ, LEOPOLDO H**  
STREET ADDRESS **URB LOS NARANJOS**  
CITY - ST - ZIP **CARACAS, VENEZUELA, -**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **DC** ☐ Delete  
NAME **POSSAMAI, ANTONIO R**  
STREET ADDRESS **LAS MESETAS DE SANTA ROSA**  
CITY - ST - ZIP **CARACAS, VENEZUELA, -**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **D** ☒ Delete  
NAME **COGOLLOS, REINALDO**  
STREET ADDRESS **LAS URBINA**  
CITY - ST - ZIP **CARACAS, VENEZUELA, -**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY - ST - 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 if 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

**ANTONIO POSSAMAI**

Date

**786-464-1888**

Daytime Phone #