

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H72848

FILED  
Jun 16, 2009  
Secretary of State

Entity Name: MIAMI CAR COLLECTION, INC.

## Current Principal Place of Business:

16475 S. DIXIE HWY  
MIAMI, FL 33157

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 570734  
MIAMI, FL 332577734

## New Mailing Address:

P.O. BOX 570734  
MIAMI, FL 33257

FEI Number: 65-0023335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ZOMORRODIAN, HABIB  
8200 S.W. 130 STREET  
MIAMI, FL 33156 US

## Name and Address of New Registered Agent:

ZOMORRODIAN, HABIB  
8724 S.W. 177TH TERR  
MIAMI, FL 33157 US

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.

SIGNATURE:

06/16/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: ZOMORRODIAN, HABIB  
Address: 8200 S.W. 130 STREET  
City-St-Zip: MIAMI, FL 33156

Title: VCM ( ) Delete  
Name: ZOMORRODIAN, HABIB  
Address: 8200 S.W. 130 STREET  
City-St-Zip: MIAMI, FL 33156

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: ZOMORRODIAN, HABIB  
Address: 8724 S.W. 177TH TERR  
City-St-Zip: MIAMI, FL 33157

Title: VCM (X) Change ( ) Addition  
Name: ZOMORRODIAN, HABIB  
Address: 8724 S.W. 177TH TERR  
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HABIB ZOMORRODIAN

PST

06/16/2009

Electronic Signature of Signing Officer or Director

Date