

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90092 020 ***150.00

DOCUMENT # J66835	
1. Entity Name MIAMI CAR INTERIORS, INC.	

Principal Place of Business MIAMI CAR INTERIORS, 7432 S.W. 42 ST., INC. MIAMI - FL - 33155	Mailing Address SAME.
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2. Principal Place of Business SAME AS ABOVE.	3. Mailing Address SAME AS ABOVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country

4. FEI Number 59-2842254	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUAN, MANUEL CHONG, JR. 8370 W. FLAGLER ST., # 248, MIAMI - FL - 33149	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LOLINA, ARISTIDES 7432 S.W. 42 ST., MIAMI - FL - 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ARISTIDES LOLINA 7432 S.W. 42 ST., MIAMI - FL - 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE **ARISTIDES LOLINA** **ARISTIDES LOLINA**
DATE **4/22/06 (302) 262-4044**