2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 04, 2005 08:00 AM Secretary of State DOCUMENT # K30424 1. Entity Name CRIS-CAR CORPORATION Principal Place of Business Mailing Address 1951 W. 60TH ST 1951 W. 60TH ST HIALEAH, FL 33012 HIALEAH, FL 33012 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0065866 Not Applicable \$8,75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent DO NOT WRITE RIVERA, CARLOS 6530 SW 8TH ST PEMBROKE PINES, FL 33023 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE RIVERA, CARLOS NAME STREET ADDRESS 6530 SW 8TH ST PEMBROKE PINES, FL 33023 CITY - \$1 - 21P U00000<mark>28</mark>7878 .04/04/05-80085-017 150.00 TITLE RIVERA, CRISTINA NAME 6530 SW 8TH ST STREET ADDRESS PEMBROKE PINES, FL 33023 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Daytime Phone #

FILED