
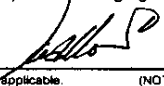
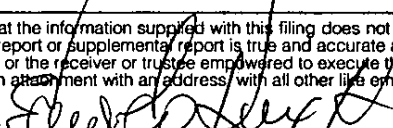


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90015 003 \*\*\*150.00

<b>DOCUMENT # K59408</b> 1. Entity Name <b>AUTO NICA, INC.</b>					
Principal Place of Business <b>1770 S.W. 8TH ST 8900 S.W. 107 AVENUE, SUITE 206 MIAMI, FL 33135 US</b>			Mailing Address <b>C/O BRIAN D. LEVY 1770 S.W. 8 ST. MIAMI, FL 33135 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0095560</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTILLO, ALVARO E 1533 SUNSET DR. SUITE 201 MIAMI, FL 33143</b>			7. Name and Address of New Registered Agent Name <b>Alvaro Castillo B., P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1390 Brickell Avenue, Suite 200</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33131</b>		
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:  <b>3-17-06</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RUIZ, ENRIQUE</b> <b>1770 S.W. 8 ST.</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	<b>Enrique Ruiz</b> <b>1770 S.W. 8th Street</b> <b>Miami, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RUIZ, ROBERTO</b> <b>1770 S.W. 8 ST</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE D/P NAME STREET ADDRESS CITY-ST-ZIP	<b>Roberto Ruiz</b> <b>1770 S.W. 8th Street</b> <b>Miami, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>RUIZ, EDUARDO</b> <b>1770 SW 8 ST</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE D/S NAME STREET ADDRESS CITY-ST-ZIP	<b>Eduardo Ruiz</b> <b>1770 S.W. 8th Street</b> <b>Miami, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUIZ, HORACIO</b> <b>1770 SW 8 ST</b> <b>MIAMI, FL 33135</b>	<input type="checkbox"/> Delete	TITLE D/V NAME STREET ADDRESS CITY-ST-ZIP	<b>Horacio Ruiz</b> <b>1770 S.W. 8th Street</b> <b>Miami, FL 33135</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE D/T NAME STREET ADDRESS CITY-ST-ZIP	<b>Jose Ignacio Ruiz</b> <b>1770 S.W. 8th Street</b> <b>Miami, FL 33135</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 			<b>Eduardo Ruiz / Secretary</b> <b>3-17-06</b> <b>(305) 801 7861</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		