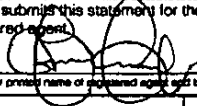
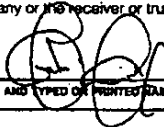


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-28-2005 90038 001 ****55.00

DOCUMENT # L04000024650			
1. Entity Name 21ST CENTURY CAR LLC			
Principal Place of Business 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055		Mailing Address 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055	
2. Principal Place of Business 1321. N. Federal Hwy		3. Mailing Address Same	
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -	
City & State Hollywood FL		City & State Same	
Zip 33020		Country Broward	
4. FEI Number 20-0948839		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Dr. Fozzef L. Kiss 1321. N. Federal Hwy Hollywood FL 33020	
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 05/23/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BASCO, JOZEF 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DR. FOZSEF L. KISS 1321. N. Federal Hwy HOLLYWOOD FL 33020 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR EROS, JANOS 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SIMONYI, AKOS DR. 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S SVAB, PETER DR. 5524 NORTHWEST 203RD TERRACE MIAMI, FL 33055 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE 04/25/05	