

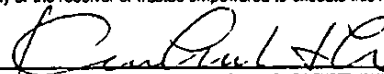


**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90353 010 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L06000076651			
1. Entity Name JUAN CAR II, LLC			
Principal Place of Business 5105 NW 159TH STREET HIALEAH, FL 33014		Mailing Address 5105 NW 159TH STREET HIALEAH, FL 33014	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMERICAN INFORMATION SERVICES, INC. ONE SOUTHEAST THIRD AVE 28TH FL MIAMI, FL 33121		Name: Kazuhiro Hoshi Street Address (P.O. Box Number is Not Acceptable): 5105 NW 159th St. City: Hialeah FL Zip Code: 33014	
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: 4/30/07	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Manager & Chairman Kazuhiro Hoshi 5105 NW 159th St., Hialeah, FL 33014	
		Manager Minoru Watanabe 5105 NW 159th St., Hialeah, FL 33014	
		Manager & CEO Yosuke Honyo 5105 NW 159th St., Hialeah, FL 33014	
		Treasurer Kazuhiro Hoshi 5105 NW 159th St., Hialeah, FL 33014	
11. 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 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		DATE: 4/30/07 305-914-8402	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

30009184



*Kazuhiro Hoshi*