

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State



DOCUMENT # M17253				1. Entity Name TONY'S CARBURATOR INC.	
Principal Place of Business 13261 N.W. 11TH TERRACE MIAMI FL 33182 US		Mailing Address P.O. BOX 94-0693 MIAMI FL 33194			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0028277	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LLAU, ANTONIO 13261 N.W. 11TH TERRACE MIAMI FL 33182			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0028277

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 agree to, the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LLAU, ANTONIO	NAME	
STREET ADDRESS	13261 N.W. 11TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	U00000524640 <input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	LLAU, MARGOT F	NAME	05/03/06-80120-021 150.00
STREET ADDRESS	13261 N.W. 11TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33182	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

SIGNATURE: *Antonio Llau* **4-18-06** **3056284866**