## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

## Feb 20, 2006 8:00 am **Secretary of State** DOCUMENT # M48866 1. Entity Name 02-20-2006 90048 027 \*\*\*150.00 INTERNATIONAL SPORT CARS, INC. Principal Place of Business Mailing Address 2401 SW 31 ST AVENUE 401 GOLDEN ISLES DRIVE #A-28 PEMBROKE PARK FL 33009 HALLANDALE FL 33009 บร 2. Principal Place of Business Mailing Address 2401 SW 31 St. Avenue; Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) # F16, City & State City & State Applied For 4. FEI Number 59-2787510 Pembroke Park, Florida Not Applicable Zip 33009 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREENBLATT, STEPHEN L. Street Address (P.O. Box Number is Not Acceptable) .401.GOLDEN.ISLES DR **APT 313** HALLANDALE FL 33009 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Check #7808 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TIDE Delete TITLE ☐ Change NAME GREENBLATT, STEPHEN : NAME STREET ADDRESS 401 GOLDEN ISLES DR. APT #313 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition GREENBLATT, CAROLE ANN STREET ADDRESS 401 GOLDEN ISLES DR. APT #313 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALLANDALE FL 33009 Delete Change Addition THUE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

12. Thereby certify that the information supplied with this filling 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 is chapted or no an attachment with an advises, with all other like empowered.

Stephen Greenblatt (President) (954) 966-6772

February 9,

Daytime Phone #

with all other like empowered.

if changed, or on an attachm

SIGNATURE:

FILED