

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2006 8:00 am**  
**Secretary of State**

07-05-2006 90007 001 \*\*\*300.00

<b>DOCUMENT # M92357</b> 1. Entity Name <b>167TH STREET AUTO TAG AGENCY, INC.</b>					
Principal Place of Business <b>401 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162 US</b>			Mailing Address <b>401 N.E. 167TH STREET NORTH MIAMI BEACH, FL 33162 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FCI Number <b>65-0068448</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LEE, COWART</b> <b>401 N.E. 167TH STREET</b> <b>NORTH MIAMI BEACH, FL 33162</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ <small>Signature, name and printed name of registered agent required when in state capital. (NOTE: Registered Agent signature required when in state capital.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
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"/> Addition	
NAME	<b>COWART, LEE J</b>		NAME		
STREET ADDRESS	<b>401 NE 167TH ST</b>		STREET ADDRESS		
CITY ST ZIP	<b>NORTH MIAMI, FL</b>		CITY ST ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COWART, M'LISS T</b>		NAME		
STREET ADDRESS	<b>401 NE 167TH ST.</b>		STREET ADDRESS		
CITY ST ZIP	<b>NORTH MIAMI BEACH, FL 33162</b>		CITY ST ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COWART, RYAN</b>		NAME		
STREET ADDRESS	<b>401 NE 167TH ST</b>		STREET ADDRESS		
CITY ST ZIP	<b>NORTH MIAMI BEACH, FL 33162</b>		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 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 a different title empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>V President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>6-29-06 305-770-0377</b> <small>Date</small>		