

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2007  
Secretary of State**

DOCUMENT# N06000005123

Entity Name: SOUTH FLORIDA Z CAR CLUB INC.

**Current Principal Place of Business:**

5962 LAS COLINAS CIRCLE  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

5962 LAS COLINAS CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 20-4841515      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MARTINEZ, GUSTAVO P  
5962 LAS COLINAS CIRCLE  
LAKE WORTH, FL 33463      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MARTINEZ, GUSTAVO P  
Address: 5962 LAS COLINAS CIRCLE  
City-St-Zip: LAKE WORTH, FL 33463

Title: SEC      ( ) Delete  
Name: VIOLI, MICHAEL  
Address: 466 E. ROYAL COVE CIRCLE  
City-St-Zip: DAVIE, FL 33325

Title: VP      ( ) Delete  
Name: MENENDEZ, GALO  
Address: 8241 S.W. 43 TERRACE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO MARTINEZ

P

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date