

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90353 002 ***158.75

| | | | | | |
|---|--|---------------------------|--|---|--|
| DOCUMENT # P00000012114 | | | | | |
| 1. Entity Name TOMCAR INVESTMENT USA, INC. | | | | | |
| Principal Place of Business 7232 NW 56 ST MIAMI, FL 33166 US | | | Mailing Address 10773 NW 58TH ST #275 MIAMI, FL 33178 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0980591 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARRA, HECTOR A 7232 NW 56TH ST MIAMI, FL 33166 | | | 7. Name and Address of New Registered Agent Name <u>HECTOR A. PARRA</u> Street Address (P.O. Box Number is Not Acceptable) <u>9961 NW, 9 ST. CIR, #12</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33172</u> | | |
| 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 <u>HECTOR A. PARRA</u> DATE <u>4.15.08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD NAME CABRERA, ORLANDO P STREET ADDRESS 8369 N. CORAL CIRCLE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE STD NAME PARRA, HECTOR A STREET ADDRESS 6420 NW 114TH AVE, #1306 CITY-ST-ZIP DORAL, FL 33178 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS <u>9961 NW, 9 STREET, CIR, #12</u> CITY-ST-ZIP <u>MIAMI, FL 33172</u> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME CABRERA, MAGDALENA STREET ADDRESS 8369 N. CORAL CIRCLE CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE VD NAME LICONA, LIZZETTE C STREET ADDRESS 7232 NW 56TH ST CITY-ST-ZIP MIAMI, FL 33166 | <input checked="" type="checkbox"/> Delete | | TITLE NAME <u>VD GRECIA L. PARRA</u> STREET ADDRESS <u>9961 NW, 9 STREET, CIR, #12</u> CITY-ST-ZIP <u>MIAMI, FL 33172</u> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 all other like empowered. | | | | | |
| SIGNATURE: <u>HECTOR A. PARRA</u> | | | Date <u>4.15.08</u> Daytime Phone # <u>786.553.7795</u> | | |