


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90032 006 ***158.75

DOCUMENT # P0000085182	
1. Entity Name AUTO CAR U.S.A., INC.	

Principal Place of Business 2760 WEST 84 STREET SUITE 01 HIALEAH, FL 33016	Mailing Address 2760 WEST 84 STREET SUITE 01 HIALEAH, FL 33016
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40000000



2. Principal Place of Business 3900 NW 79 AVE	3. Mailing Address
Suite, Apt. #, etc. SUITE 631	Suite, Apt. #, etc.
City & State MIAMI FLORIDA	City & State
Zip 33166	Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number 65-1086919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LERMAN, CARLOS D 100 SE 2ND STREET SUITE 2620 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALAMANQUES GANDIEA, LUIS OSCAR 4724 NW 114TH AVENUE SUITE 101 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SALAMANQUES GANDICA, LUIS OSCAR 11252 NW 47 LANE MIAMI FL, 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROJAS HERNANDEZ, ALICIA G 4724 NW 114TH AVENUE SUITE 101 MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROJAS HERNANDEZ, ALICIA G 11252 NW 47 LANE MIAMI FL, 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(i), 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: Luis Salamanques 01.19.05 305-463-5169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #