

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000111731

1. Entity Name
CAR CORP. ASSOCIATES



Principal Place of Business
1333 TYLER STREET
HOLLYWOOD, FL 33020

Mailing Address
1333 TYLER STREET
HOLLYWOOD, FL 33020

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09172007

Chg-P

CR2E034 (12/06)

4. FEI Number

65-1140977

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

I&A CORPORATE SERVICES, INC.
80 S.W. 8TH STREET
1720
MIAMI, FL 33130

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PSTD
COLETTA, AL
1333 TYLER STREET
HOLLYWOOD, FL 33020 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
WALLER, EARL
C/O RONISRIEL- 80 SW 8TH STREET #1720
MIAMI, FL 33130 ☒ Delete

TITLE
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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:

Al Coletta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-07

Date

305 577 4800

Daytime Phone #

FILED

2007 SEP 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

