FILE NOW: FILING FEE AFTER MAY 1ST-1S \$550.00

Mar 15, 2006 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION ANNUAL REPORT 03-15-2006 90115 042 ***150.00 2006 DIVISION OF CORPORATIONS DOCUMENT # PO100010688 CAR-MO WHITE INC 20016383 Principal Place of Business Mailing Address 2779 N.W. 275 ST TO NOT WRITE IN THIS SPACE MIAMI FLA 33142 3. Date incremented or Qualified January 29-2001 2. Principal Place of Business 2a. Mailing Address Applied For 65-108 0032 2779 N.W. 27 ST Not Applicable 26 Suite, Apr. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Compaign Financing \$5.00 May Be - Miami FLA. 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation oves or has paid the current year Intangible Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GEORGE CHERNOFF ASSC. PA. Street Address (P.O. Box Humber is Hot Acceptable) 1190 SW 8 ST 83 ma Fia 33184 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submitts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when remotativity) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE 1.1 TITLE Change Addition DIRC MACAPIO HUAITALEM HAME PRE 1.2 NAME 250 NW 26 AVE 1.3 STREET ADDRESS STREET ADDRESS Ma. 33142 CITY - ST - ZIP 1.4 CITY - ST - ZIP Change Addition TITLE 2 1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE THLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4, CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP City-St-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07 3 to 110 idea Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 6.17. Florid Statutes: and that my name appears in Plant 12 or Plant 12 Block 12 or Block 13 if changed, or on an attachment with an address

61 (11) F

6.2 NAME

63 STREET ADDRESS

6.4 CITY - ST - ZIP

DELETE

SIGNATURE:

THLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

FILED