


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90481 001 \*\*\*150.00

DOCUMENT # P01000067252  
1. Entity Name  
C.A.R. Boutique Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
364 E. Osceola Pkwy.  
Suite, Apt. #, etc.

3. Mailing Address  
364 E. Osceola Pkwy.  
Suite, Apt. #, etc.

City & State  
Kissimmee, Florida

City & State  
Kissimmee Florida

Zip  
34744 Country  
U.S.

Zip  
34744 Country  
U.S.

**94066100**

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4. FEI Number 59-3740471 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name Carlos Rodriguez

Street Address (P.O. Box Number is Not Acceptable)  
2523 Hikers Ct.

City Kissimmee FL Zip Code 34743

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 \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>Rodriguez, Carlos</u>	TITLE	
NAME	<u>Carlos Rodriguez</u>	NAME	
STREET ADDRESS	<u>2523 Hikers Ct.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Kissimmee, FL 34743</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] President 3/31/04 407-709-8214  
Date Daytime Phone #

CR2E034B (12/02)