

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92206 015 \*\*\*150.00

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**DOCUMENT # P01000067252**

1. Entity Name  
**C.A.R. BOUTIQUE, INC.**



Principal Place of Business  
**2523 HIKERS CT.  
KISSIMMEE FL 34743**

Mailing Address  
**2523 HIKERS CT.  
KISSIMMEE FL 34743**

2. Principal Place of Business  
**564 E. OSCEOLA PARKWAY**  
Suite, Apt. #, etc.

3. Mailing Address  
**564 E. OSCEOLA PARKWAY**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**KISSIMMEE, Florida**

City & State  
**KISSIMMEE, Florida**

4. FEI Number  
**59-3740471**

Applied For  
 Not Applicable

Zip  
**34744** Country  
**OSCEOLA**

Zip  
**34744** Country  
**OSCEOLA**

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

**6. Name and Address of Current Registered Agent**

**RODRIGUEZ, MARA  
2523 HIKERS CT.  
KISSIMMEE FL 34743**

**7. Name and Address of New 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 *[Signature]* **PRESIDENT**

**04-15-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, CARLOS A</b>	
STREET ADDRESS	<b>2523 HIKERS CT.</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34743</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **PRESIDENT** **04/20/03** **402-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)