2006 FOR PROFIT-CORPORATION ANNUAL REPORT

DOCUMENT # P01000097466

Entity Name

MIAMI AUTOTRONIC AND SPEED WORLD, INC.



Principal Place of Business

2025 W 62TH ST HIALEAH, FL 33016 Mailing Address 2025 W 62TH ST

HIALEAH, FL 33016

FILED Jul 10, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

06212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1141788

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLADIN, SAM 2606 HARTWOOD PINES WAY CLERMONT, FL 34711

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the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered				Agent signature required when reinstating) OATE			
1 100 110 11111 1 1 1 1 1 1 1 1 1 1 1 1		9. Election Campaign Financial Trust Fund Contribution	ng 🔲	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10.	OFFICERS AND DIREC	TORS	-				
TITLE	Р .						
NAME	ALLADIN, FAIZUL						
STREET ADDRESS	1083 SW 142ND PL				U00000568621 07/10/06-80001-003 150.00		
CITY-ST-ZIP	MIAMIAH, FL 33184						
TITLE	S			07/10/06-80001-003 150.00			
NAME	ALLADIN, BIBI	DIN, BIBI					
STREET ADDRESS	2606 HARTWOOD PINES WAY						
CITY-ST-ZIP	CLERMONT, FL 34711			•			
TITLE	VP						
NAME	ALLADIN, SAM 2606 HARTWOOD PINES WAY			DO NOT WRITE			
STREET ADDRESS							
CITY-ST-ZIP	CLERMONT, FL 34711		DO NOT WRITE				
TITLE	OT ALLADIN, SHENEZA 2025 W 62ND ST			IN THIS SPACE			
NAME							
STREET ADDRESS							
CITY+ST-ZIP	HIALEAH, FL 33016	l l					

12. Thereby 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06

302-878-660

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Daytime Phone #