

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000470

Entity Name: AYRTON CARS, CORP.

FILED  
Apr 05, 2005  
Secretary of State

**Current Principal Place of Business:**

3601 NW 37 CT  
MIAMI, FL 33142

**New Principal Place of Business:**

**Current Mailing Address:**

3601 NW 37 CT  
MIAMI, FL 33142

**New Mailing Address:**

FEI Number: 75-2990412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ASTURI, SEBASTIAN  
10275 COLLINS AVE #1027  
MIAMI BEACH, FL 33154 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ASTURI, SEBASTIAN  
Address: 10275 COLLINS AVE #1027  
City-St-Zip: MIAMI BEACH, FL 33154

Title: VD ( ) Delete  
Name: LARDANI, MARTIN  
Address: 3601 NW 37 COURT  
City-St-Zip: MIAMI, FL 33142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN LARDANI

VP

04/05/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date