

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2008 8:00 am
Secretary of State

DOCUMENT # P02000012585



1. Entity Name
AMERICARR, INC.

03-06-2008 90041 040 ***150.00
06-30-2008 90024 001 ***150.00
06-30-2008 90024 002 ****87.50

Principal Place of Business
11420 FORTUNE CIR
12
WELLINGTON, FL 33414

Mailing Address
3732 MIRAMONTES CIR
WELLINGTON, FL 33414

66014890



2. Principal Place of Business - No P.O. Box #
3732 MIRAMONTES CIR.

3. Mailing Address
3732 MIRAMONTES CIR.

06262008 Chg-P CR2E034 (12/06)

City & State
WELLINGTON FL

City & State
WELLINGTON, FL

4. FEI Number
04-3600086

Applied For
Not Applicable

Zip
33414

Country
PALM BEACH

Zip
33414

Country
PALM BEACH

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

6. Name and Address of Current Registered Agent

DADRESSAN, EHSANOLLAH
3732 MIRAMONTES CIR
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name
SOHAIL DADRESSAN

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

3732 MIRAMONTES CIR.

City
WELLINGTON

FL

Zip Code
33414

8. The above named entity admits 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, typed or printed name of registered agent and title if applicable

SOHAIL DADRESSAN

6/26/08

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
DADRESSAN, SOHAIL
3732 MIRAMONTES CIR
WELLINGTON, FL 33414

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/08 561-308-3407

Date

Daytime Phone