

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90067 001 ***150.00

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02192008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000017220					
1. Entity Name CAR BANK AUTO CENTER INC.					
Principal Place of Business 7000 NW 53RD TERR. MIAMI, FL 33166			Mailing Address 7000 NW 53RD TERR. MIAMI, FL 33166		
2. Principal Place of Business - No P.O. Box # 6301 B NW 74 AVENUE			3. Mailing Address 6301 B NW 74 AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami FL			City & State Miami FL		
Zip 33166		Country USA		Zip 33166	
				Country USA	
4. FEI Number 35-2159469				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TORO, JUAN D 9706 SW 161ST AVE MIAMI, FL 33196				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORO, JUAN D		NAME		
STREET ADDRESS	9706 SW 161ST AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUAREZ, MARTA L		NAME		
STREET ADDRESS	9706 SW 161ST AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33196		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: _____			2-19-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		