

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051455

FILED  
Apr 03, 2007  
Secretary of State

Entity Name: BOLCAR INTERNATIONAL, INC.

**Current Principal Place of Business:**

16500 COLLINS AVENUE  
454  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

6770 INDIAN CREEK 12L  
MIAMI BEACH, FL 33141

**New Mailing Address:**

FEI Number: 47-0869789      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ROBAYNA, MIGUEL ANGEL  
16500 COLLINS AVENUE  
#454  
SUNNY ISLES, FL 33160 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: ROBAYNA, MIGUEL ANGEL  
Address: 16500 COLLINS AVENUE #454  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VT ( ) Delete  
Name: ROBAYNA, MARIA EUGENIA  
Address: 16500 COLLINS AVE #454  
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: S ( ) Delete  
Name: ROBAYNA, MARIA LAURA  
Address: 16500 COLLINS AVENUE #454  
City-St-Zip: SUNNY ISLES, FL 33160

Title: D ( ) Delete  
Name: RUEDA DE ROBAYNA, MIRTA SUSANA  
Address: 16500 COLLINS AVE #454  
City-St-Zip: SUNNY ISLES BCH, FL 33160

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

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

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

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 Chapter 119, 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: ROBAYNA MIGUEL ANGEL

PD

04/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date