2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051455

Address:

City-St-Zip:

16500 COLLINS AVE #454

SUNNY ISLES BCH, FL 33160

Entity Name: BOLCAR INTERNATIONAL, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
16500 CO 454	LLINS AVENU	E			
	SLES, FL 3316	;0			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
6770 INDIAN CREEK 12L MIAMI BEACH, FL 33141			16500 COLLINS AVENUE #454 SUNNY ISLES, FL 33160		
FEI Number	r: 47-0869789	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	f New Registered Agent:	
16500 CO #454	A, MIGUEL AN DLLINS AVENU BLES, FL 3316	ΙΕ			
	e named entity te of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	IRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:					
OFFICER	S AND DIREC	•	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
Title: Name: Address:	PD (ROBAYNA, MI	CTORS:) Delete GUEL ANGEL IS AVENUE #454	ADDITIONS/CHANGI Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTOR () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (ROBAYNA, MII 16500 COLLIN SUNNY ISLES VT (ROBAYNA, MA 16500 COLLIN	CTORS:) Delete GUEL ANGEL IS AVENUE #454 , FL 33160) Delete IRIA EUGENIA	Title: Name: Address:		
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PD (ROBAYNA, MI 16500 COLLIN SUNNY ISLES VT (ROBAYNA, MA 16500 COLLIN SUNNY ISLES S (ROBAYNA, MA 16500 COLLIN	Delete GUEL ANGEL IS AVENUE #454 , FL 33160) Delete IRIA EUGENIA IS AVE #454 BCH, FL 33160) Delete IRIA LAURA IS AVENUE #454	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MIGUEL ANGEL ROBAYNA PD 03/24/2009