

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 28, 2006 08:00 AM
Secretary of State**DOCUMENT # P02000084118**1. Entity Name
**CERTIFIED AUTOMOTIVE RESEARCH &
INVESTIGATIONS, INC.**Principal Place of Business
**1478 ROYAL FOREST CT
W PALM BCH, FL 33406**Mailing Address
**1478 ROYAL FOREST CT
W PALM BCH, FL 33406****DO NOT WRITE IN THIS SPACE**

07122006 No Chg-P CR2E034 (11/05)

4. FBI Number
22-3869987Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZELINSKI, DARYL
4793 N CONGRESS AVE #206
BOYNTON BCH, FL 33426****DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

U00000572627

07/28/06-800000-005 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**In accordance with s. 607.163(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ZELINSKI, DARYL
1478 ROYAL FOREST CT
W PALM BCH, FL 33406**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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

7-20-06 561-309-1994

Date

Corporate Phone #