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May 05, 2008 8:00 am
Secretary of State
04-07-2008 90065 006 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000091418

1. Entity Name
BUFCAR, INC

Principal Place of Business	Mailing Address
5000 US HWY 17 SUITE 18 #104 ORANGE PARK, FL 32003 US	5000 US HWY 17 SUITE 18 #104 ORANGE PARK, FL 32003 US

66009779

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
BUFCAR INC		BUFCAR INC	
Suite, Apt. #, etc. PO BOX 8487		Suite, Apt. #, etc. PO BOX 8487	
City & State ORANGE PARK, FL.		City & State ORANGE PARK, FL	
Zip 32006	Country CLAY	Zip 32006	Country CLAY

03072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3193669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jose Santiago 1410 Dahoon Way Orange Park, FL 32003	Name JOSE SANTIAGO, BUFCAR INC Street Address (P.O. Box Number Not Acceptable) 1410 DAHOON WAY City ORANGE PARK FL Zip Code 32003

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 Jose Santiago 4-29-08
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTIAGO, JOSE I 1410 DAHOON WAY ORANGE PARK, FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTIAGO, SANDRA 1410 DAHOON WAY ORANGE PARK, FL 32003	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Jose Santiago 4/6/08 904 349-0224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #