

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031926

Entity Name: CAR-KIT.COM, INC.

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

3211 PONCE DE LEON BLVD  
SUITE M-2  
CORAL GABLES, FL 33134

## Current Mailing Address:

3211 PONCE DE LEON BLVD  
SUITE M-2  
CORAL GABLES, FL 33134

## New Principal Place of Business:

3326 MARY STREET  
SUITE 302  
COCONUT GROVE, FL 33133

## New Mailing Address:

3326 MARY STREET  
SUITE 302  
COCONUT GROVE, FL 33133

FEI Number: 56-2332325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PETERSSON, MIKAEL PRESIDE  
3211 PONCE DE LEON BLVD.  
SUITE M-2  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PETERSSON, MIKAEL PRESIDE  
3326 MARY STREET  
SUITE 302  
COCONUT GROVE, FL 33133 US

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: MIKAEL PETERSSON

04/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PETERSSON, MIKAEL  
Address: 3211 PONCE DE LEON BLVD SUITE M-2  
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD ( ) Delete  
Name: EBERHARDT, JOHN  
Address: 3726 CONNECTICUT AVE NW #59  
City-St-Zip: WASHINGTON, DC 20008

Title: D ( ) Delete  
Name: HAMAN, RALPH  
Address: 4550 CONNECTICUT AVE NW #401  
City-St-Zip: WASHINGTON, DC 20008

Title: S ( ) Delete  
Name: VIZCAINO, CHARLOTTE  
Address: 2645 SW 24 TERRACE  
City-St-Zip: MIAMI, FL 33145

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: PETERSSON, MIKAEL  
Address: 3326 MARY STREET, SUITE 302  
City-St-Zip: COCONUT GROVE, FL 33133

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: CHARLOTTE VIZCAINO

SECR

04/28/2006

Electronic Signature of Signing Officer or Director

Date