

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000042689 1. Entity Name CR AUTO ELECTRIC CORP.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 JAN 26 PM 2: 04	
Principal Place of Business 9691 S.W. 72ND STREET MIAMI, FL 33173				Mailing Address 9691 S.W. 72ND STREET MIAMI, FL 33173			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 81-0608863				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, CARLOS M 9691 SW 72ND STREET MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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  (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD NAME RODRIGUEZ, CARLOS M <input type="checkbox"/> Delete STREET ADDRESS 9691 SW 72ND STREET CITY-ST-ZIP MIAMI, FL 33155				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 400065082264 STREET ADDRESS CITY-ST-ZIP 02/02/06--01025--011 **150.00			
TITLE V <input checked="" type="checkbox"/> Delete NAME GARCIA, NANCY P STREET ADDRESS 9691 SW 72ND STREET CITY-ST-ZIP MIAMI, F 33173				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE T <input checked="" type="checkbox"/> Delete NAME RODRIGUEZ, CARLOS G STREET ADDRESS 521 SW 90 CT CITY-ST-ZIP MIAMI, F 33175				TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Carlos G. Rodriguez STREET ADDRESS 521 SW 90 CT Miami F 33175 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			