


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90425 021 ***150.00

DOCUMENT # P03000056876 1. Entity Name GONE IN 30 SECONDS, INC.					
Principal Place of Business 6911 NW 43 ST. MIAMI, FL 33166			Mailing Address PO BOX 972838 MIAMI, FL 33197		
2. Principal Place of Business - No P.O. Box # 2601 NW 72 ST		3. Mailing Address PO Box 972838			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 02-0588496	
Zip 33147		Country DADE		Applied For <input type="checkbox"/> Not Applicable	
Zip 33197		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, IVETTE 7500 N W 8TH STREET MIAMI, FL 33160				7. Name and Address of New Registered Agent Name IVETTE GARCIA Street Address (P.O. Box Number is Not Acceptable) 2601 NW 72 ST City MIAMI FL Zip Code 33147	
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 <u><i>Ivette Garcia</i></u> IVETTE GARCIA 04/26/07 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P ALAS, MAYETTE 6911 NW 43 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MAYETTE ALAS 2601 NW 72 ST MIAMI, FL 33147
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALAS, CARLOS 6911 NW 43 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, ADRIANA 6911 NW 43 ST. MIAMI, FL 33166	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director YVETTE ALAS 2601 NW 72 ST MIAMI, FL 33147	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Maytte Alas</i></u> Maytte Alas				04/26/07 8664756560 <small>Date Daytime Phone #</small>	