


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90062 010 ***150.00

DOCUMENT # P03000087310

1. Entity Name
FLORIDA CARS EXPORT INC.



Principal Place of Business
**9630 NW SOUTH RIVER DR.
 BAY E
 MEDLEY FL 33166**

Mailing Address
**9630 NW SOUTH RIVER DR.
 BAY E
 MEDLEY FL 33166**

20012941



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
9630 NW South River Dr

3. Mailing Address
9630 NW South River Dr

Suite, Apt. #, etc.
Bay I

City & State
Medley, FL

City & State
Medley, FL

Zip
33166

Country
Dade

4. FEI Number
65-1200956

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PULGARON, RIGOBERTO
 9630 NW SOUTH RIVER DR.
 BAY E
 MEDLEY FL 33166**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 PD <input type="checkbox"/> Delete	PULGARON, RIGOBERTO 7669 NW 180TH TERRACE HIALEAH FL 33015	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD <input type="checkbox"/> Delete	MIRANDA, MAYRA 7669 NW 180TH TERRACE HIALEAH FL 33015	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Mayra Miranda VD** **2/14/05** **305 887 0049**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #