

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90054 001 ***150.00
01-26-2007 90054 002 *****8.75

DOCUMENT # P03000156679

1. Entity Name

TRANSCAR AUTO TRANSPORT, INC.



Principal Place of Business

847 BRIARWOOD DR
WEST PALM BEACH, FL 33415

Mailing Address

847 BRIARWOOD DR
WEST PALM BEACH, FL 33415

66000958



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0553240

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

5. Name and Address of Current Registered Agent

MAYOZ, CARLOS
847 BRIARWOOD DR
WEST PALM BEACH, FL 33415

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MAYOZ, CARLOS
STREET ADDRESS 847 BRIARWOOD DR
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE V
NAME HERRERA, ANA
STREET ADDRESS 847 BRIARWOOD DR
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carlos A. Mayo Carlos A. Mayo 01/02/2007 561-818-2673