

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 SEP 19 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028220

1. Entity Name  
KARS-R-US AUTO BROKERS, CORP.



Principal Place of Business  
7033 NORTON AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33405

Mailing Address  
7033 NORTON AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142006

Chg-P

CR2E034 (11/05)

4. FEI Number  
20-0819679

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICO, JHARILDAN  
7033 NORTON AVENUE  
SUITE 3  
WEST PALM BEACH, FL 33405

Name  
JANIO VICO  
Street Address (P.O. Box Number is Not Acceptable)  
7033 Norton Ave  
City  
West Palm Beach FL Zip Code  
33405

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 15, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME D.P  
STREET ADDRESS VICO, JHARILDAN  
CITY-ST-ZIP 7033 NORTON AVENUE  
WEST PALM BEACH, FL 33405 ☒ Delete

TITLE  
NAME D.P  
STREET ADDRESS VICO, JANIO  
CITY-ST-ZIP 7033 NORTON AVENUE  
WEST PALM BEACH FL 33405 ☐ Change ☒ Addition

TITLE  
NAME D, V  
STREET ADDRESS VICO, JANIO  
CITY-ST-ZIP 7033 NORTON AVENUE  
WEST PALM BEACH, FL 33405 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000080082070  
09/22/06--01045--008 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/06

9/21