

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90243 013 \*\*\*150.00

DOCUMENT # P04000054931

1. Entity Name

J.C.R. AUTO FASHION, INC.



Principal Place of Business

1700 SOUTH DIXIE HIGHWAY  
103  
BOCA RATON FL 33432  
US

Mailing Address

1700 SOUTH DIXIE HIGHWAY  
103  
BOCA RATON FL 33432  
US



2. Principal Place of Business

1344 S. Killand Drive

3. Mailing Address

6500 N. Military Trail

Suite, Apt. #, etc.

Suite A-2

Suite, Apt. #, etc.

#282

1st MOORE

CR2E034 (10/05)

City & State

Lake Park, FL

City & State

West Palm Beach, FL

4. FEI Number

57-1202065

Applied For

Not Applicable

Zip

33403

Country

USA

Zip

33407

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WAHNER, XAVIER J  
1700 SOUTH DIXIE HIGHWAY  
103  
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name  
Ratte, J. Claude

Street Address (P.O. Box Number is Not Acceptable)  
1344 South Killand Drive

Suite A-2

City

Lake Park

FL

Zip Code

33403

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**

**After May 1, 2006 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

TITLE	PD <input type="checkbox"/> Delete
NAME	CLAUDE, RATTE J
STREET ADDRESS	6500 N. MILITARY TRAIL, #282
CITY- ST- ZIP	WEST PALM BEACH FL 33407
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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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 Section 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 lines empowered.

SIGNATURE:

*J. Claude Ratte*

J. Claude Ratte

Date

✓ 4/10/06

561-351-7264

Daytime Phone #