2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 15, 2007 8:00 am Secretary of State

DOCUMENT # P0400099040 1. Entity Name NESCAR DESIGNS, INCORPORATED			08-15-2007 90022 024 ***150.00
Principal Place of Business 2662 SW 130TH TERR MIRAMAR, FL 33027	Mailing Address 2662 SW 130TH TERR MIRAMAR, FL 33027		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	1 1 4	
1239 FAin Lake True Suite, Apt. #, etc.	3. Mailing Address 1230 Fa/n Suite, Apt. #, etc.	Lake Trace	06072007 Chg-P CR2E034 (12/06)
# 1319 City & State,	City & State	314 E1	4. FEI Number Applied For
Weston +1	City & State Weston	Country	20-1288454 Not Applicable 5 Capillate of Status Region \$8.75 Additional
33326 USA	^{Zip} 333 とし	Country S A	Fee Required
8. Name and Address of Curr CARRILLO, MAGDA 2662 SW 130TH TERR MIRAMAR, FL 33027	ent Ragistered Agent	Street Addre	7. Name and Address of New Registered Agent 9. 5 To A CARRI 9. 5 To A CA
8. The above named entity submits this statemen	nt for the purpose of changing its r	,,	e s > w FL Zip Code 33326 istered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. SIGNATURE Signature typed or paried name of registered to	uul)	F Registered Agent signature rec	8/9/07
FILE NOW!!! FEE IS \$150.00 Due by September 14, 200	T		\$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 A	ND DIRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME CARRILLO, MAGDA STREET ADDRESS 2662 SW 130TH TERR CITY-ST-ZIP MIRAMAR, FL 33027	pag believe	NAME STREET ADDRESS CITY-ST-ZIP	Neston & Carrillo Change Addition Neston & Carrillo Change Addition 1239 Fain Lake FRACE #1314 Weston El 33326
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	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: Ne - ton Caraillo President Aug 9, 2007 490-5199 SIGNATURE: Date Date Date Date Date Date Date Date			