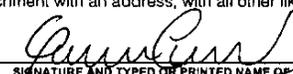


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90040 002 ***150.00

DOCUMENT # P04000099040			
1. Entity Name NESCAR DESIGNS, INCORPORATED			
Principal Place of Business 1239 FAIRLAKE TRACE #1314 WESTON, FL 33326		Mailing Address 1239 FAIRLAKE TRACE #1314 WESTON, FL 33326	
2. Principal Place of Business - No P.O. Box # 2662 SW 130th Terr		3. Mailing Address 4785 SW 62nd Ave, 101	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #101	
City & State MIRAMAR Florida		City & State DAVIE Florida	
Zip 33027	Country United States	Zip 33314	Country United States
4. FEI Number 20-1288454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRILLO, NESTOR 1239 FAIR LAKE TRACE #1314 WESTON, FL 33326		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
SIGNATURE, typed or printed name of registered agent and title if applicable.		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D CARRILLO, MAGDA <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRILLO, MAGDA	NAME	Nestor G. Carrillo
STREET ADDRESS	2662 SW 130TH TERR	STREET ADDRESS	1239 FAIR LAKE TRACE # 1314
CITY-ST-ZIP	MIRAMAR, FL 33027	CITY-ST-ZIP	WESTON FL 33326
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NESTOR G CARRILLO	NAME	NESTOR G CARRILLO
STREET ADDRESS	1239 FAIRLAKE TRACE # 1314	STREET ADDRESS	2662 SW 130TH TERR
CITY-ST-ZIP	WESTON FL 33326	CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Nestor G Carrillo 03/08/08 305-450-5189	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	