## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 10, 2006 08:00 AM DOCUMENT # P04000108178 Secretary of State INTERNATIONAL SPORT CARS, AUTO REPAIR DIVISION, INC. Mailing Address Principal Place of Business 401 GOLDEN ISLES DRIVE 401 GOLDEN ISLES DRIVE 313 HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FE! Number 20-1411149 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENBLATT, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 401 GOLDEN ISLES DRIVE 313 HALLANDALE FL 33009 City 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 Signature, typers or printed name of registered agent and litto it applicable DATE (NOTE Registered Agent signature regulated when reinstalling) FILE NOW!!! FEE IS \$150.00 Check #1682 9. Election Campaign Financing \$5.00 May 2: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition Delete TITLE GREENBLATT, STEPHEN NAME U00000428718 02/21/06-80058-013 150.00 STREET ADDRESS STREET ADDRESS 401 GOLDEN ISLES DRIVE, #313 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP Delete TITLE ☐ Change ALLE: TITLE GREENBLATT, CAROLEANN NAME STREET ADDRESS STREET ADDRESS 401 GOLDEN ISLES DRIVE, #313 CITY-ST-ZIP HALLANDALE FL 33009 CITY-ST-ZIP ☐ Acces ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP - 🗌 Ådsiii ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Change Addito ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE The Change □ Add∷ NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained to 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 direction 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: North Offmith. Stephen Greenblatt (President) 2/07/06 (954)966-67

OF SIGNING OFFICER OR DIRECTOR