

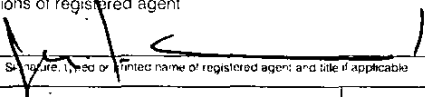
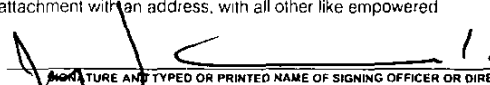


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90200 033 ***150.00

DOCUMENT # P04000112108 1. Entity Name SECAR IMPORT & EXPORT, INC.					
Principal Place of Business 6831 SW 147TH AVE #1 A MIAMI, FL 33193			Mailing Address 6831 SW 147TH AVE #1 A MIAMI, FL 33193		
2. Principal Place of Business 1445 SW 122 Ave Suite, Apt. #, etc. 1		3. Mailing Address 1445 SW 122 Ave Suite, Apt. #, etc. 1		40080634 	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 20-1495211	
Zip 33184		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARRASCO, JORGE 6831 SW 147TH AVE #1 A MIAMI, FL 33193				7. Name and Address of New Registered Agent Name Carrasco, Jorge Street Address (P.O. Box Number is Not Acceptable) 1445 SW 122 Ave Apt #1 City Miami, FL Zip Code 33184	
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	DP CARRASCO, JORGE J. 6831 SW 147TH AVE. # 1A MIAMI, FL 33193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Carrasco, Jorge 1445 SW 122 Ave Apt #1 Miami, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SERRGAO, ALEJANDRO 6831 SW 147TH AVE # 1A MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P Terry, Jaime 1445 SW 122 Ave Apt #1 Miami, FL 33184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS PEREZ, CARLOS 6831 SW 147TH AVE # 1A MIAMI, FL 33193	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					