


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90040 015 \*\*\*150.00

<b>DOCUMENT # P04000135916</b> 1. Entity Name <b>MI CACHARRITO AUTO SALES INC</b>																											
Principal Place of Business <b>2051 NW 22ND AVE MIAMI FL 33142 US</b>		Mailing Address <b>18280 SW 224TH ST MIAMI FL 33170 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>10725 SW 216 ST</b> Suite, Apt. #, etc. <b># 333</b>		3. Mailing Address <b>18280 SW 224 ST</b> Suite, Apt. #, etc. 																									
City & State <b>MIAMI, FL</b> Zip <b>33170</b>		City & State <b>MIAMI, FL</b> Zip <b>33170</b>																									
Country <b>DADE</b>		Country <b>DADE</b>																									
4. FEI Number <b>20-1680317</b>																											
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required																											
6. Name and Address of Current Registered Agent  <b>BLANCO, MARIA 18280 SW 224 ST MIAMI FL 33170</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																									
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 <u>Maria Blanco</u> <u>[Signature]</u> <u>03/13/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLANCO, MARIA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18280 SW 224 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI FL 33170</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	BLANCO, MARIA		STREET ADDRESS	18280 SW 224 STREET		CITY-ST-ZIP	MIAMI FL 33170		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 like empowered.																											
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>03/13/08</u> <u>(784) 299-1280</u> <small>Date Daytime Phone #</small>																									