
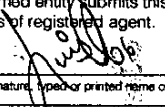
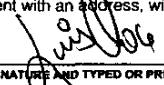


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90010 015 \*\*\*150.00

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DOCUMENT # P04000160927			
1. Entity Name TOLSY LUXURY CAR'S, CORP.			
Principal Place of Business 21011 SW 85 PASSAGE MIAMI, FL 33189		Mailing Address 21011 SW 85 PASSAGE MIAMI, FL 33189	
2. Principal Place of Business 4019 NW 25 ST		3. Mailing Address 4019 NW 25 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami FL	
Zip 33142		Zip 33142	
Country		Country	
4. FEI Number 20-1940606		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, LUIS O 5201 SW 97TH CT. MIAMI, FL 33165		7. Name and Address of New Registered Agent Name: Rodriguez, Luis O Street Address (P.O. Box Number is Not Acceptable) 4019 NW 25 ST City: Miami FL Zip Code: 33142	
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: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, LUIS O 5201 SW 97TH CT. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Rodriguez, Luis O 4019 NW 25 ST Miami, FL 33142 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ENRIQUE, JENNIFER 5201 SW 97TH CT. MIAMI, FL 33165 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Enriquez, Jennifer 4019 NW 25 ST Miami, FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Enriquez, Marias 4019 NW 25 ST Miami, FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Vilato, Marisol 4019 NW 25 ST Miami, FL 33142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			