


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90077 042 ***150.00

DOCUMENT # P05000033278 1. Entity Name BOCAS CARS, INC					
Principal Place of Business 4701 SW 45TH ST. DAVIE, FL 33314 US			Mailing Address 4701 SW 45TH ST. DAVIE, FL 33314 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3416 BAHAMA DR Suite, Apt. #, etc.			
City & State Zip		City & State MIRAMAR FL Zip 33023		4. FEI Number 20-2439150 Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNAJJ, CYRIL M 4701 SW 45TH STREET DAVIE, FL 33314				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
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	P <input type="checkbox"/> Delete MURALI, CYRIL M 4701 SW 45TH STREET DAVIE, FL 33314		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition MUNAJJ, CYRIL M 3416 BAHAMA DR MIRAMAR FL 33023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Cyril Munajj</i> CYRIL MUNAJJ			Date 3-15-06 Daytime Phone # 554-1718		