2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNOAL REPORT										
DOCUMENT # P05000050411 1. Entity Name VCR AUTO SALES INC.						VILLU VISION OF CORPORATIO 06 MAR 15 AM 11: 27				
		<u> </u>				_	06 FIAR 15	MA c	11:27	
Principal Plac 17526 S DIX MIAMI, FL 3	(IE HWY	S	Mailing Address 17526 S DIXIE HWY MIAMI, FL 33157							
						1 (11) 11			E E NO TOTAL MARKANA	INCHES
Principal Place of Business 3. Mailing Address										
2300 N.W 27TH AUE. 2300 N.W 27TH AUE									B MARI B I B MA E I M M I I I A	11801 (1 (82)
Suite, Apt.			Suite, Apt. #, etc.			03082006	Chg-P	CR2E	034 (11/05)	
City & State MIAMI - FLORIOM			City & State MIAMI - FLORIOM			4. FEI Numb	er 20-28101	00		plied For t Applicable
Zip 221	Zip Country		Zip Count		try	5. Certificate	of Status Desired		\$8.75 Add	itional
557	<u> 4</u>	and Address of Current F	·	<u> </u>	<u> </u>	7 Name and	Address of New R	egistered	Fee Require	1
					Name			eg.o.c.c	Agent	
MORALES 11049 SW MIAMI, FL	149 PL	0			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
					City	_	·	Fi	Zip Cod	
8 The above	named entit	v submits this statement for	the purpose of changing its	register	ad office or registe	ered agent or bo	th in the State of Ele		- 1	
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 (hyper or printed name cylegistered agent and tight applicable) (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 \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	·	OFFICERS AND E	DIRECTORS	11.	· · ·	ADDITIONS	CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11
TITLE	P		Delete		☐ Change ☐ Addition					
NAME STREET ADDRESS CITY-ST-ZIP	11049 SW MIAMI, FL			E Et address -st-zip	300068557683 03/24/0601004087 **150.00					
TITLE	S Defets TITLE								☐ Change	☐ Addition
NAME	1	S, CLAUDIA		NAM	E					_
STREET ADDRESS CITY-ST-ZIP	11049 SW	–		ET ADDRESS						
	MIAMI, FL 33196							 		
TITLE NAME			☐ Deleta	TITLE					Change	☐ Addition
STREET ADDRESS	i 🖁					•				
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CITY-ST-ZIP				CITY	-ST-ZIP	•				•
TITLE			☐ Delete	TITLE					☐ Change	☐ Addition
NAME NAME STREET ADDRESS STREE							M. William	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	10 1 5 T	กกล่
CITY-ST-ZIP							M. William	TIS M	AU TO T	000
12. I hereby certify that the information supplied with this filling 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										
SICNATURE. TOURS OF A STATE OF A										
SIGNATURE: 3-9-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF										