
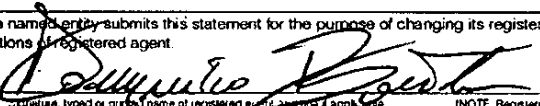
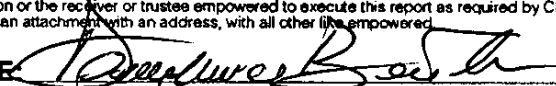


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

3 Apr 17, 2008 8:00 am
Secretary of State

03-27-2008 90036 012 ***150.00

DOCUMENT # P05000056589 1. Entity Name NORTH SPRINGS JAPANESE CAR CARE, INC.					
Principal Place of Business 11314 WILES ROAD CORAL SPRINGS, FL 33076			Mailing Address 11314 WILES ROAD CORAL SPRINGS, FL 33076		
2. Principal Place of Business - No P.O. Box # 12294 WILES ROAD		3. Mailing Address 12294 WILES ROAD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State CORAL SPRINGS, FLORIDA		City & State CORAL SPRINGS, FLORIDA		4. FEI Number 20-2768775	
Zip 33076		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTOLONE, DOMENICO 11314 WILES ROAD CORAL SPRINGS, FL 33076		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  DOMENICO BARTOLONE 3-21-08 <small>(Signature, typed or printed name of registered agent, as required if applicable) (NOTE: Registered Agent's signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 BARTOLONE, DOMENICO 11314 WILES ROAD CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 			04-15-08 <small>Date Daytime Phone #</small>		

DOMENICO BARTOLONE