

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059070

1. Entity Name
CARA ENGINE SERVICES, INC.



Principal Place of Business
3230 W PROSPECT ROAD
SUITE 170
FORT LAUDERDALE, FL 33309

Mailing Address

3230 W PROSPECT ROAD
SUITE 170
FORT LAUDERDALE, FL 33309

2. Principal Place of Business No P.O. Box #
1077 SW 30th Avenue

Suite, Apt. #, etc.

3. Mailing Address

SAME AS # 2

Suite, Apt. #, etc.

City & State
Deerfield Beach, FL
Zip 33442 Country USA

City & State

Zip _____

Country _____

4. FEI Number
20-2733900

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
Name Joseph Farrell

Street Address (P.O. Box Number is Not Acceptable)

1077 SW 30th Ave.
City Deerfield Beach FL Zip Code 33442

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Joseph Farrell
03/13/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME FARRELL, JOSEPH P MR.
STREET ADDRESS 3230 W PROSPECT ROAD #170
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

1077 SW 30th Avenue
Deerfield Beach, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

Change Addition

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Change Addition

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Mar 17, 2008 8:00 am
Secretary of State**

03-17-2008 90020 048 ***150.00

