


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90847 010 \*\*\*150.00

**DOCUMENT # P05000080529**

1. Entity Name  
**CENZO CAR CARE, INC.**



Principal Place of Business      Mailing Address

**1934 MEARS PKWY  
POMPANO BEACH, FL 33063**      **1934 MEARS PKWY  
BLDG 9, APT. 27  
POMPANO BEACH, FL 33063**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**7848 N.W. 33rd ST.**      **7848 N.W. 33rd ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**MARGATE, FL**      **MARGATE, FL**

Zip      Country      Zip      Country

**33063**      **USA**      **33063**      **USA**

**6. Name and Address of Current Registered Agent**

**CENZANO, PETE  
1934 MEARS PKWY  
POMPANO BEACH, FL 33063**

**7. Name and Address of New Registered Agent**

Name: **CENZANO, PETE**

Street Address (P.O. Box Number is Not Acceptable): **7848 N.W. 33rd ST.**

City: **MARGATE**      State: **FL**      Zip Code: **33063**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$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	<b>D</b> <b>CENZANO, PETE</b> <b>1934 MEARS PKWY</b> <b>POMPANO BEACH, FL 33063</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CENZANO, PETE</b> <b>7848 N.W. 33rd ST.</b> <b>MARGATE, FL 33063</b> <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	<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:** \_\_\_\_\_ **4/26/07** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #



04242007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**16-1726170**       Not Applicable

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