
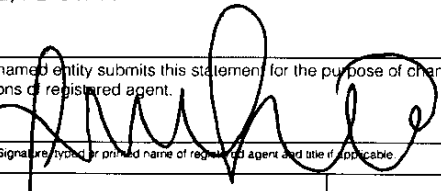


FILED

2006 OCT -9 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081508				FILED	
1. Entity Name EASY CAR, CORPORATION				2006 OCT -9 PM 2:30	
Principal Place of Business 1416 RIDGE ST UNIT #2 KISSIMMEE, FL 34744		Mailing Address 1416 RIDGE ST UNIT #2 KISSIMMEE, FL 34744		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10062006 REIN-P CR2E098 (11/05)	
City & State		City & State		4. FEI Number 20-2967303	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEJIA, JOSE F 1416 RIDGE ST UNIT #2 KISSIMMEE, FL 34744				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					
Signature typed or printed name of registered agent and title if applicable					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
PTD MEJIA, JASON 1416 RIDGE ST., UNIT #2 KISSIMMEE, FL 34744 <input type="checkbox"/> Delete			2006080606:002 10/10/06-01054 NOV \$470.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
VSD MEJIA, JOSE F 1416 RIDGE ST., UNIT #2 KISSIMMEE, FL 34744 <input type="checkbox"/> Delete					
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 #					