

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

01-22-2007 90104 007 ***150.00

DOCUMENT # P05000081508 1. Entity Name EASY CAR, CORPORATION					
Principal Place of Business 1416 RIDGE ST UNIT #2 KISSIMMEE, FL 34744			Mailing Address 1416 RIDGE ST UNIT #2 KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 02-2967303				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$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 re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PTD MEJIA, JASON 1416 RIDGE ST., UNIT #2 KISSIMMEE, FL 34744	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Juliana Mejias 1416 Ridge St Unit #2 Kissimmee, FL 34744	☐ Change ☒ Addition (P/T/D)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO MEJIA, JOSE F 1416 RIDGE ST., UNIT #2 KISSIMMEE, FL 34744	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☒ Change ☐ Addition
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 NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 PRINTED OR PREVIOUS NAME OF SIGNING OFFICER OR DIRECTOR			Date 01/19/07 Daytime Phone # 407 933 6888		