

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000137668

Entity Name: SANZCAR CORP.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

54 SW 10TH STREET  
MIAMI, FL 33130

## New Principal Place of Business:

## Current Mailing Address:

199 OCEAN LANE DRIVE  
510  
KEY BISCAYNE, FL 33149

## New Mailing Address:

FEI Number: 11-3761492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANZ, CLAUDIA  
199 OCEAN LANE DRIVE  
510  
KEY BISCAYNE, FL 33149 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SANZ, CLAUDIA  
Address: 199 OCEAN LANE DRIVE #510  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete  
Name: SANZ, CARLOS  
Address: 199 OCEAN LANE DRIVE #510  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TR ( ) Delete  
Name: SANZ, JOSE  
Address: 199 OCEAN LANE DRIVE #1003-1005  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS SANZ

VP

06/23/2009

Electronic Signature of Signing Officer or Director

Date