## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 29, 2008 8:00 am Secretary of State 05-29-2008 90190 042 \*\*\*150.00

## DOCUMENT # P07000135142



| 1. Entity Nam<br>CORPOR  | ne<br>RACION C & S IMPORT, IN          | C.               |                               |  |
|--|--|------------------|-------------------------------|--|
| Principal Plac   | te of Business                         | Mailing Address  |                               | 4,0,1,0,0,0  |
| 8111 NW 60   | OTH ST.                                | 8111 NW 60TH ST. |                               |  |
| MIAMI, FL 3  | 3166                                   | MIAMI, FL 33166  | :                             |  |
| 2. Principal Place of Business - No P.O. Box # And 3. Mailing Address UW 72 hrs  |  |                  |                               |  |
| Suite, Apt. #, etc.  |  |                  |                               | 04242008 Chg-P CR2E034 (12/06)                             |
| City & Slat  | ami, Ph                                | City State       | 2                             | 4. Finance 444496 Applied For Not Applicable               |
| Zip/ 33/22 Country 70 33/22 Country  |  |                  |                               | 5. Certificate of Status Desired See Required Fee Required |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent /  |  |                  |                               |  |
| Name De VIII S SINDYT  |  |                  |                               |  |
| DE PULLAS, SINDY T 8111 NW 60TH ST. Street Address (P.O. Box Number is Not Acceptable)   |  |                  |                               |  |
| MIAMI, FL 33166  |  |                  |                               |  |
|  |  | ,                | City 19                       | FI Zip Code, 22  |
|  | ····                                   |                  | 1 1                           | 'UM  |
| 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 Suidy de Hullas  |  |                  |                               |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   |  |                  |                               |  |
| FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |  |                  |                               |  |
| 10.  | OFFICERS AND                           | DIRECTORS        | 11,                           | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |
| TITLE  | PD STATE OF STATE OF                   | ☐ Delete         | TITLE                         | resignation Addition                                       |
| NAME<br>STREET ADDRESS   | DE PULLAS, SINDY T<br>8111 NW 60TH ST. |                  | STREET ADDRESS De             | Pollas, Sindy 1.   |
| CITY-ST-ZIP  | MIAMI, FL 33166                        |                  | CITY-ST-ZIP                   | 06 NW 72 Ave Hiami, th 33122                               |
| TITLE  |  | ☐ Delete         | TITLE                         | Change ☐ Addition  |
| NAME<br>STREET ADDRESS   |  |                  | NAME<br>Street address        |  |
| CITY-ST-ZIP  |  |                  | CITY-ST-ZIP                   |  |
| TITLE  |  | ☐ Delete         | TITLE                         | ☐ Change ☐ Addition  |
| NAME<br>STREET ADDRESS   |  |                  | NAME<br>STREET ADDRESS        |  |
| CITY-ST-ZIP  |  |                  | CITY-ST-ZIP                   |  |
| TITLE  |  | ☐ Delete         | TITLE                         | ☐ Change ☐ Addition  |
| NAME   |  |                  | NAME                          | !  |
| STREET ADDRESS<br>CITY+ST-ZIP  |  |                  | STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE  |  | ☐ Delete         | TITLE                         | ☐ Change ☐ Addition  |
| NAME   |  |                  | NAME                          | = · · <del>-</del>   |
| STREET ADDRESS   |  |                  | STREET ADDRESS                |  |
|  |  | П е.п            | CITY-ST-ZIP                   | Change C Addition  |
| TITLE<br>NAME  |  | ☐ Delete         | TITLE<br>NAME                 | ☐ Change ☐ Addition  |
| STREET ADDRESS   |  |                  | STREET ADDRESS                |  |
| CITY-ST-ZIP  |  |                  | CITY-ST-ZIP                   |  |
| 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. |  |                  |                               |  |

Juidy de Pullas