

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90237 018 \*\*\*158.75

<b>DOCUMENT # P93000000908</b> 1. Entity Name <b>MASTER CAR INTERNATIONAL, INC.</b>			
Principal Place of Business <b>5130 NW 15 STREET #7 MARGATE, FL 33063 US</b>		Mailing Address <b>PO BOX 2287 POMPANO BCH, FL 33061 US</b>	
2. Principal Place of Business <b>1951 West Copans Rd. Suite # 2-6 Pompano Beach FL 33064 US</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>65-0380176</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent <b>WEINOFF, GARY 5130 NW 15 STREET #7 MARGATE, FL 33063</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1951 West Copans Rd. Suite #2-6 Pompano Beach FL 33064</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEINOFF, GARY 5130 NW 15 STREET #7 MARGATE, FL 33063	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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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:		Gary J. Weinoff 5-1-06 954-234-4279	