


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000056778</b>	
1. Entity Name <b>MCCAR INVESTMENT CORPORATION</b>	

Principal Place of Business <b>1 W CYPRESS TERRACE KEY WEST, FL 33040</b>	Mailing Address <b>1 W CYPRESS TERRACE KEY WEST, FL 33040</b>
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0512346</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BROWNING, MICHAEL L  
402 APPELROUTH LN  
KEY WEST, FL 33040**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MANUEL #1 W CYPRESS TER KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, CHRISTINA L 1 W CYPRESS TERRACE KEY WEST, FL 33040
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100000387333  
01/19/06-80035-013 150.00

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: Christina Ruiz  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Ruiz

1-13-06 (305) 294-50  
Date Daytime Phone #

X-7