


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000097020	
1. Entity Name GCA NOR-CAR, INC.	

Principal Place of Business 4208 N. 31 ST AVENUE #1 HOLLYWOOD, FL 33021 US	Mailing Address 4208 N. 31 ST AVENUE #1 HOLLYWOOD, FL 33021 US
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0648988	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DANIELS, NICHOLAS M
ONE SE 3RD AVENUE
SUITE 2400
MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D
NAME	CARRIER, NORMA
STREET ADDRESS	4208 N. 31ST AVENUE #1
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	CARRIER, GREGORY R
STREET ADDRESS	4208 N. 31 ST. AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	CARRIER, CHRISTOPHER H
STREET ADDRESS	4208 N. 31 ST. AVNUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	CARRIER, AMY V
STREET ADDRESS	4208 N. 31 ST. AVENUE
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Charles M. Kave DIRECTOR Date: 2/14/06 (GSM) 985-1120