2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000097020

1. Entity Name

GCA NOR-CAR, INC.



Principal Place of Business

Mailing Address

4208 N. 31 ST AVENUE

4208 N. 31 ST AVENUE

#1

DO NOT WRITE IN THIS SPACE

HOLLYWOOD, FL 33021 US

HOLLYWOOD, FL 33021



02132007

No Cha-P

CR2E034 (11/05)

FILED

Feb 26, 2007 08:00 AM Secretary of State

4. FEI Number 65-0648988 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

TITLE NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CARRIER, AMY V

4208 N. 31 ST. AVENUE

HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

WIAWI, FE 33131							
the obligat	e named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE				d Agent signature required when reinstating) DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, NORMA 4208 N. 31ST AVENUE #1 HOLLYWOOD, FL 33021						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, GREGORY R 4208 N. 31 ST. AVENUE HOLLYWOOD, FL 33021				U00000648340 03/07/07-80004-014 158.75		
TITLE Name Street address City+ST-ZIP	D CARRIER, CHRISTOPHER H 4208 N. 31 ST. AVNUE HOLLYWOOD, FL 33021			DO	NOT WRITE		

IN THIS SPACE

12. Thereby 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: SENTINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylore Proce &