2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000026113

1. Entity Name

CARSOF OF BROWARD, INC.



FILED May 03, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Fee Required

Principal Place of Business

Mailing Address

7604 S.W. 8TH STREET NORTH LAUDERDALE, FL 33068 7604 S.W. 8TH STREET NORTH LAUDERDALE, FL 33068

100000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

4. FEI Number Applied For Not Applied For Not Applied Status Desired \$8.75 Additional

5. Certificate of Status Desired

CARRILLO, CARLOS 7604 S.W. 8TH STREET NORTH LAUDERDALE, FL 33068

DO NOT WRITE IN THIS SPACE

No Chg-P

04272007

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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			·
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PD CARRILLO, CARLOS 7604 S.W. 8TH STREET NORTH LAUDERDALE, FL 33068		U00000760209 05/25/07-80004-003 158.79		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U5/25/U7-80004-003 158.79
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST+ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby o	certify that the information supplied with this fi	ling does not qualify for the exer	mptions con	tained in Chapter 119	9, 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:

GNATURE AND TYPED ON PRINTED NAME OF BIGNING OFFICER OR DIRECTO

04/27/07

954-720-5660

Daytime Phone #