

FROM :

PHONE NO. :

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90111 021 ***158.75


2006 FOR PROFIT CORPORATION ANNUAL REPORT

50013928



DOCUMENT # P96000046819

1. Entity Name
ST. CYR AUTOMOTIVE EXPORT, INC.



Principal Place of Business Mailing Address

5170 EADIE PLACE **PO BOX 8784**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL 33407 US**

2. Principal Place of Business 3. Mailing Address

1356 CLIMBING ROSE LN **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

WEST PALM BEACH FL **WEST PALM BEACH FL**

Zip Country Zip Country

33415 **USA**

04172005 Chg-P CRZE034 (11/05)

4. FEI Number Applied For

65-0677657 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CYR, FRANCIS SAINT
5170 EADIE PLACE
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when resigning)

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	P/O	<input type="checkbox"/> Delete
NAME	SAINT-CYR, FRANCIS	
STREET ADDRESS	5170 EADIE PLACE	
CITY - ST - ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 empowers.

SIGNATURE Francis Saint-Cyr **FRANCIS SAINT-CYR** **4/17/06** **SH 684691**