

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 026 ***150.00

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04222008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000079138 1. Entity Name CARS-R-US, INC.					
Principal Place of Business WILLIAM H. NAMACK, III, ESQ. 1605 MAIN STREET, SUITE 1111 SARASOTA, FL 34236			Mailing Address 2 EL RETIRO LANE, P.O. BOX 197 C/O MARLENE TURK BRENHOUSE IRVINGTON, NY 10533		
2. Principal Place of Business - No P.O. Box # 1800 SECOND STREET		3. Mailing Address Suite, Apt. #, etc. SUITE 918			
City & State SARASOTA FL		City & State IRVINGTON NY			
Zip 34236	Country US	Zip 10533	Country NY	4. FEI Number 65-0597862	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENHOUSE, MARLENE TURK 2 EL RETIRO LANE, P.O. BOX 197 IRVINGTON, NY 10533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Marlene Turk Brenhouse</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MARLENE TURK BRENHOUSE			<div style="display: flex; justify-content: space-between;"> 4/22/08 <small>Date</small> (914) 643-7070 <small>Director's Phone #</small> </div>		