

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000068618

1. Entity Name
NACAR, INC.



Principal Place of Business

515 N.E. 20TH STREET
BOCA RATON, FL 33431

Mailing Address

515 N.E. 20TH STREET
BOCA RATON, FL 33431



04072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0779013

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACUNA, NADINE
515 N.E. 20TH STREET
BOCA RATON, FL 33431

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
NAME	ACUNA, CARLOS
STREET ADDRESS	515 NE 20TH SE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VP
NAME	ACUNA, NADINE
STREET ADDRESS	515 NE 20TH ST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	ACUNA, NADINE
STREET ADDRESS	515 NE 20TH ST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	ACUNA, CARLOS
STREET ADDRESS	515 NE 20TH ST
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000301295
04/13/05-80026-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/05 (561) 3953553
Date Daytime Phone #