


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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
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04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0779013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ACUNA, NADINE 515 N.E. 20TH STREET BOCA RATON, FL 33431	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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**

U00000544334
05/11/06-80032-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACUNA, CARLOS 515 NE 20TH SE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACUNA, NADINE 515 NE 20TH ST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACUNA, NADINE 515 NE 20TH ST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACUNA, CARLOS 515 NE 20TH ST BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 the empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4-12-06 **X**
Date **Daytime Phone #**