


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90053 029 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0779013	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ACUNA, NADINE 515 N.E. 20TH STREET BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACUNA, CARLOS <input checked="" type="checkbox"/> Delete 515 NE 20TH SE BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ACUNA, NADINE <input type="checkbox"/> Delete 515 NE 20TH ST BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ACUNA, NADINE <input type="checkbox"/> Delete 515 NE 20TH ST BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ACUNA, CARLOS <input checked="" type="checkbox"/> Delete 515 NE 20TH ST BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>[Signature]</i>					
04/19/07 (561) 395 3553					