


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90321 024 ***150.00

DOCUMENT # P98000026774	
1. Entity Name CARS BY PHONE, INC.	

Principal Place of Business 13782 SW 68 STREET MIAMI, FL 33186	Mailing Address 13782 SW 68 STREET MIAMI, FL 33186
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00037477

2. Principal Place of Business 13782 KENDALE LAKES DR Suite, Apt. #, etc.	3. Mailing Address 13782 KENDALE LAKES DR Suite, Apt. #, etc.
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04122005 Chg-P CR2E034 (10/03)

City & State MIAMI FL	City & State MIAMI FL
Zip 33183	Zip 33183
Country	Country

4. FEI Number
65-0923935

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DUARTE, LUIS F
13782 SW 68 STREET
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
13782 KENDALE LAKES DR
City
MIAMI FL Zip Code
33183

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 Luis F Duarte LUIS F DUARTE 04/12/05
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUARTE, LUIS F 13782 SW 68 STREET MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13782 KENDALE LAKES DR MIAMI FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Luis F Duarte LUIS DUARTE- PRES 04/12/05 (305) 320-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #