2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P98000031461**



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

MENDIOLA, JOSE SIREET ADDRESS CITY-ST-ZIP MENDIOLA, JOSE SIREET ADDRESS CITY-ST-ZIP DT COUR, ISRAEL SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE S CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-S	1. Entity Name CAR PLAZA OF PLANTATION, INC.								04-30-2008 90	11 69 01	6 ****150.0	JU
Suite, Apt. #, etc. Suite	600 N STATE RD 7			8360 WEST OAKLAND PARK BLVD SUITE 201			60032711					
City & State	2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address				4				
Second S	Suite, Apt. #, etc.			Suite, Apt. #, etc.				04182008	Chg-P	CR2E	034 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE, FL 33309 City FL Zip Code City City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City	City & State			City & State				į.			<u> </u>	
ARIE MREJEN, P.A. 701 W CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE, FL 33309 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE Public NOWIII FEE IS \$150,00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE MAKE MENDIOLA, JOSE SIRRET ARGRESS SIRRET ARGRESS CITY-51-2P SINCE ARGRESS CITY-51-2P THE NAME SIRRET A	Zip		·								Fee Required	
ARE MREJEN, P.A. 701 W CYPRESS CREEK RD SUITE 302 FORT LAUDERDALE, FL 33309 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 Fordia. I am familiar with, and soceptime the obligations of registered agent. SIGNATURE SIGNATURE TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP	6. Name and Address of Current			Registered Agent								
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat	701 W CYPRESS CREEK RD SUITE 302					Street A	ddress (P.O. Box Numb	er is Not Acceptable)		
### After May 1, 2008 Fee will be \$550.00 #### After May 1, 2008 Fee will be \$550.00 ### After May 1, 2008 Fee will be \$550.00 ### After May 1, 2008 Fee will be \$550.00 ### Added to Fees ### Added	8. The above the obligat	named entit	y submits this statement for	r the purpose of changing it	s register		register	ed agent, or bo	th, in the State of Flo		- ´	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MENDIOLA, JOSE SIREET ADDRESS CITY-ST-2P CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS CITY-ST-2P SIRET ADDRESS CITY	SIGNATURE.	Signature, typed	or printed name of registered agent	and tide if applicable. (NO	TE: Registere		ire required	when reinstating)		DATE	-	
TITLE NAME NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P			8 Fee will be \$550.	OO Trust Fund Cor	~		\$5 . Add	ed to Fees				
NAME SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP SIREET ADDRESS CITY-ST-2IP NAME SIREET ADDRESS CITY-ST-2IP TITLE NAME SIRET ADDRESS CITY-ST-2IP TITLE NAME	10.	T	OFFICERS AND	DIRECTORS		- 4	ADDITIONS.	CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11	
TITLE NAME ZOUR, ISRAEL STREET ADDRESS CITY-ST-ZIP NORTH MIAMI, FL STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	MENDIOLA, JOSE 2425 NW 139TH AVE.		NAM. Stre		E Et address	MENI 626	VELONA PL			⊠ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ZOUR, IS 12700 BIS	SCAYNE BLVD	□ Delete	NAM STRE	e Et address					Cliange	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	KADOCH 12580 NV	V FLAMINGO RD.	☐ Delete	NAM STRE	E Et address					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			☐ Delete	NAM STRE	E Et aod ress	:	***************************************			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			□ Defete	NAM STRE	E Et address					☐ Change	Addition
	NAME STREET ADDRESS CITY-ST-ZIP				NAM Stre City	ET ADDRESS -ST-ZIP						Addition

indicated on this leport of supplemental report is true and acquired and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered the 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 a political properties.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

79/08

954-5125661