## FOR PROFIT CORPORATION

## FILED Aug 19, 2002 8:00 am

DOOL	MENT # P 9 8 0 0	0067803	~ ``		¬ >	•	of State	
1. Entity Nam	ne			<b>)</b>		08-19-2002 90148	3 049 ***158.75	
CAR	Solution	Inc.		<b>/</b>				
	DO NOT WRIT	E IN THIS SI	PAC	E	-		<del></del> ,	
2. Principal P 5805 A F AMPA Suite, Apt.		3. Mailing Address 58 FAMPA, FL. Suite, Apt. #, etc.			2 <sub>d</sub> .	DO NOT WRITE IN THI	S SPACE	
City & State	е	City & State			4. FEI Number 59-352	5375	Applied For Not Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate of St		\$8.75 Additional Fee Required	
ė					7. Name and Addre	ss of Current Register	ed Agent	
•	DO NOT WRITE IN THIS SPACE				ERILAWYER (P.O. Box Number is Not Acceptable) ALMERIA AVENUE			
8. The above	named entity submits this statement	for the purpose of changing its	registere		RAL GAB red agent, or both, in t		L Zip Code 33134	
Tax filing re (See criteria		After May Amended Make Check Payab	I, Fee i UBR i	s \$550.00 s \$61.25	Trust FurTrust	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. CARRANZA JUA 8812 CITAUS VI TAMPA FL. 3	N M . APT.102 LLAGE DR.		t t				
STREET ADDRESS	CARRANZA GENOV 8822 CITRUS VILL TAMPA, FL. 3	AGE DR. APP.HIVE			•			
NAME STREET ADDRESS (A	CARRANIA, ELIZ 8821 CITRUS VILLA	ge Dr. Apr.#102		1	DO	NOT WR	ITE	
NAME STREET ADDRESS CITY-ST-ZIP	TAMPA, FL. 33626 TD. CARRANZA ANA. 8822 CITRUS VILLAGE Dr. Apr. #102 TAMPA FL. 33626			T ADDRESS ST-ZIP	IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP	•		TITLE NAME STREE CITY-1	T ADDRESS				
TITLE HAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				
2 I barabu aa	while a blood about the foremental and the control of the con-	11.1 (10)						

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 11 or on an attachment with an address, with all effect in the properties of the corporation of the receiver or trustee empowered.

SIGNATURE:

JUAN M. CARRANZA 08-15-02 (813) 920 13 95

NAME OF SIGNING OFFICER OR DIRECTOR

Date

## AHachment 975673 P98000067802

	P98000067803
	TO FLORINA DEPARTMENT OF STATE
	Division OF CORPORATIONS.
_	FROM: CAR SOLUTION INC. FEINS. 59-3525375
	DATE: August, 15, 2002
_	This LETTER is to inform you That on
-	08-09-02 WE CALL FL. DEPT. OF STATE! DIVISION
_	OF CORPORATIONS TO NOTIFY YOU THAT WE DID
4	NOT RECEIVE THE FORM 2002 UNIFORM BUSINESS
-	REPORT (UBR) WE TALKED TO MI CRISTIN
4	Brigham, ShE rold us she was going to
-	SEND UJ A NEW FORM (UBR). WE A'RE SENDING
-	you back the FORM with ALL The information
^	VEED IT AND A CHECK TO PAY FOR This
4	<u>Leport</u> .
$\perp$	
1	Thank you in ADVANCE FOR Your Cooperation
-	
-	
L	(Andon 20)
-	President.
-	•
-	