


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 DEC -1 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06

DOCUMENT # P98000096435		
1. Entity Name CAR COMPLEX, INC.		

Principal Place of Business 17832 S. DIXIE HWY #5 MIAMI, FL 33157	Mailing Address P.O. BOX 163825 MIAMI, FL 33116
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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0072006 REIN-P CR2E098 (11/05)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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AZIZ, MOHAMMAD 17832 S. DIXIE HWY #5 MIAMI, FL 33157	
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Name DAVIN JUAN ROBERTS
Street Address (P.O. Box Number is Not Acceptable) 11860 SW 273 LANE
City HOMESTEAD FL Zip Code 33032


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  DATE 10-5-06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AZIZ, SHABANA 11147 SW 88 ST #D202 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200092215152 12/01/06--01055--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AZIZ, MOHAMMAD 17832 S. DIXIE HWY #5 MIAMI, FL 33157 <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 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:  DATE 10-05-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR