

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90070 049 ***150.00

DOCUMENT # P98000104013

1. Entity Name
NACAR HOLDINGS CORPORATION



Principal Place of Business
**C/O NICHOLAS FERNANDEZ, P.A.
780 NW LEJEUNE RD STE 324
MIAMI, FL 33126 US**

Mailing Address
**C/O NICHOLAS FERNANDEZ, P.A.
780 NW LEJEUNE RD STE 324
MIAMI, FL 33126 US**

40024476



2. Principal Place of Business - No P.O. Box #
10 N.W. LE JEUNE ROAD

3. Mailing Address
10 N.W. LE JEUNE ROAD

Suite, Apt. #, etc.
SUITE 500

Suite, Apt. #, etc.
SUITE 500

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33126

Country

Zip
33126

Country

01242007 Chg-P CR2E034 (12/06)

4. FEI Number
65-0884398

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ESQUIRE CORPORATE SERVICES, INC.
780 NW LEJEUNE RD
STE 324
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name
ESQUIRE CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

10 N.W. LE JEUNE ROAD STE 500

City
MIAMI

FL

Zip Code
33126

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
DPS ☐ Delete
NAME
ORONCZ, BERNARDO
STREET ADDRESS
CCS 1528 P.O. BOX 025323
CITY-ST-ZIP
MIAMI, FL 331025323

TITLE
VP ☐ Delete
NAME
ORONCZ, ANA BELLA
STREET ADDRESS
CCS 1528, POB 025323
CITY-ST-ZIP
MIAMI, FL 33102

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #