

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90015 017 ***150.00

DOCUMENT # P99000022041					
1. Entity Name ACCURATE MOTORCARS, INC.					
Principal Place of Business 931 NE 4TH AVE FORT LAUDERDALE, FL 33304			Mailing Address 306 LAKE CREST COURT WESTON, FL 33326		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0885966	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SEBAG, LIOR 931 NE 4TH AVE FORT LAUDERDALE, FL 33304			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBAG, LIOR			NAME	
STREET ADDRESS	306 LAKE CREST COURT			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEBAG, ASTRID			NAME	
STREET ADDRESS	306 LAKE CREST COURT			STREET ADDRESS	
CITY-ST-ZIP	WESTON, FL 33326			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: _____				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				3-10-06 954-7129322	

ATTACHMENT

20018034

#P99000022041

SIEGELAUB & ASSOCIATES, P.A.

Certified Public Accountants

2801 N. UNIVERSITY DRIVE, SUITE 301

CORAL SPRINGS, FLORIDA 33065

954-753-2222

FAX 954-753-1123

URGENT – YOUR IMMEDIATE ATTENTION IS REQUIRED!

Dear Client:

The enclosed Corporation Annual Report needs to be submitted to renew your corporation with the State of Florida.

PLEASE REVIEW THE FORM FOR ACCURACY AND MAKE ANY NECESSARY CHANGES. IF YOU HAVE CLOSED YOUR CORPORATION OR WISH TO DO SO, PLEASE DO NOT FILE THIS FORM. IF YOU HAVE ALREADY FILED, PLEASE DISREGARD THIS NOTICE.

Please make any changes, sign the report where indicated (signature is required on the bottom of the form in box #12 and also in box #8 if the registered agent information has changed) and make a check payable to the Florida Department of State for \$150.00 (for Limited Liability Companies, the renewal fee is \$50.00) and mail to:

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

We will be happy to answer any questions you may have regarding this Annual Report filing, but please remember that it is your responsibility to make sure that this form is filed with the State of Florida by the May 1st due date. Please make sure that this is accomplished to avoid reinstatement fees which are costly.

Please contact our office with any questions or concerns regarding this or any other matter.

Sincerely,

Siegel & Associates, P.A.

Siegel & Associates, P.A.