


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		01052006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 65-0885966	
				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				Name	
931 NE 4TH AVE				Street Address (P.O. Box Number is Not Acceptable)	
FORT LAUDERDALE, FL 33304					
				City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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		
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NAME			NAME		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3-10-06 Daytime Phone #: 954-7129322		

ATTACHMENT

20018034

#P99000022047

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.

Siegelaub & Associates, P.A.