2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 24, 2008 08:00 A **DOCUMENT # P99000090727** Secretary of State 1. Entity Name P&R CAR PLACE INC. Principal Place of Business Mailing Address 1431 NW 99 AVE 1431 NW 99 AVE **PLANTATION FL 33322** PLANTATION FL 33322 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 4. FEI Number Applied For City & State City & State 65-0956287 Not Applicable Country Zin Country Zin \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FISHER, PENNY Street Address (P.O. Box Number is Not Acceptable) 1431 NW 99 AVE PLANTATION FL 33322 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice 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 site if applicable (NOTE Registored Apent argnature required when reinstation) DATE FILE NOWI!!-FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deiete TITLE ☐ Change Addition FISHER, PENNY NAME NAME STREET ADDRESS 1431 NW 99 AVE STREET ADDRESS U00000867608 04/08/08-80076-024 150.00 PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-789 TITLE ☐ Defete ☐ Addition TITLE Change FISHER, EDWARD NAME NAME 1431 NW 99 AVE STREET ADDRESS STREET ADDRESS PLANTATION FL 33322 CITY-ST-ZIP CITY-ST-ZIP DD F ☐ Derete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Derete TITLE Change Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-S1-ZIP THE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS OffY-ST-ZiP CITY-ST-7/P

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eport 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 DIRECTO

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**FILED**