

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90280 009 \*\*\*150.00

**DOCUMENT # S24732**

1. Entity Name  
**CAR DOME, INC.**



Principal Place of Business  
**20302 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33189**

Mailing Address

~~20302 SOUTH DIXIE HIGHWAY~~  
~~MIAMI, FL 33189~~  
**18001 Old Cutler Rd #472  
Palmetto Bay, Fl. 33157**

**20021292**



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0239298**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GOTTLIEB, MICKEY  
20302 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33189**

**DO NOT WRITE  
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>CEO</b>
NAME	<b>GOTTLIEB, MICKEY</b>
STREET ADDRESS	<b>18001 Old Cutler Rd #472</b>
CITY - ST - ZIP	<b>Palmetto Bay, Fl. 33157</b>
TITLE	<b>VP</b>
NAME	<b>COTELLESE, MICHAEL</b>
STREET ADDRESS	<b>18001 Old Cutler Rd #472</b>
CITY - ST - ZIP	<b>Palmetto Bay, Fl. 33157</b>
TITLE	<b>President</b>
NAME	<b>PALACIO, DELIA V.</b>
STREET ADDRESS	<b>18001 Old Cutler Rd #472</b>
CITY - ST - ZIP	<b>Palmetto Bay, Fl. 33157</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**Delia V. Palacio - P.**

**3/10/06**

**305-233-1130**

Date

Daytime Phone #