## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 08:00 All Secretary of State

ANNUAL REPORT				1	Secretary of St		
DOCU	MENT # S63383				Secreta	ary or Si	
1. Entity Nam	e NWHEELS INC.						
I TONT ON	A WHEELS INC.						
	·						
Principal Place	•	Mailing Address			•		
6700 CORAL Miami, FL 3		6700 CORAL WAY MIAMI, FL 33155 US					
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			AE.	03162007 No Chg-F	CR2E034 (1	1/05)	
ש -	O NOT WRITE	AIN THIS SPA	UE:	4. FEI Number		Applied For	
				65-0273760		Not Applicable  5 Additional	
				5. Certificate of Status Desir		tequired	
	6. Name and Address of Current I						
GARCIA, E	ESTEBAN A			DO NOT	Welle		
6290 SW 2ND ST MIAMI, FL 33144			75.			ter e espain	
MIAMI, FL	33144	•		TIN THIS S	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 registared agent and title if applicable. (NOTE: Registered Agent signature required when remaining)  OATE							
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			ancing \$5 . D Add	.00 May 8e led to Foes			
10,	OFFICERS AND	DIRECTORS				ere ere	
TITLE NAME	PTD GARCIA, ESTEBANÃ.						
STREET ADDRESS	6290 S.W. 2ND ST.				and the second		
CITY-ST-ZIP	MIAMI, FL			and the second			
NAME							
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CITY-ST-ZIP							
TITLE NAME							
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CITY-ST-ZIP		,					
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CITY-ST-ZIP	· ·		77 A.P.	grade a serie green	##100FT <u>2.00</u> T 2/10 <del>14</del> 00 165	ng Zoj Scholi	
TITLE NAME		• • •		44.7			

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: .

STREET ADORESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4. 20-07

(tar) 665-8995