2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # V56279

1. Entity Name
ACAR ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2324 S. CONGRESS AVE. SUITE 2C WEST PALM BCH., FL 33406 US	2324 SOUTH CONGRESS AVE. SUITE 2C W. PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0360573	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEL RIO, OMAR
2324 S. CONGRESS AVE.
SUITE 2C
W. PALM BEACH, FL 33406

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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, 2008 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U000000804864
02/05/08-30087-001   150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	LIEVANO, CLEMENCIA DE
STREET ADDRESS	2324 S. CONGRESS AVE
CITY - ST - ZIP	W. PALM BEACH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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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: _Clemencia de Lievano_   1-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #