




**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

DOCUMENT # P93000065664																																		
1. Entity Name A-1-A CAR CARE CENTER, INC.																																		
Principal Place of Business 7700 N.W. 27TH AVE. MIAMI, FL 33147	Mailing Address 7700 N.W. 27TH AVE. MIAMI, FL 33147	 01212006 No Chg-P CR2E034 (11/05)																																
<b>DO NOT WRITE IN THIS SPACE</b>																																		
5. Name and Address of Current Registered Agent  ARAGUEZ, DAVID 7700 N.W. 27TH AVE. MIAMI, FL 33147		4. FEI Number 65-0437253 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																
<b>DO NOT WRITE IN THIS SPACE</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																
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 registering) _____ DATE _____																																		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																
<b>10. OFFICERS AND DIRECTORS</b> <table border="1"> <tr> <td>TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>ARAGUEZ, DAVID</td> </tr> <tr> <td>STREET ADDRESS</td> <td>7250 S.W. 13TH TERRACE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33144</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	PD	NAME	ARAGUEZ, DAVID	STREET ADDRESS	7250 S.W. 13TH TERRACE	CITY-ST-ZIP	MIAMI, FL 33144	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		U00000513752 04/29/06-80141-012 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE	PD																																	
NAME	ARAGUEZ, DAVID																																	
STREET ADDRESS	7250 S.W. 13TH TERRACE																																	
CITY-ST-ZIP	MIAMI, FL 33144																																	
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-ST-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
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: 		Date: 4-15-06 Daytime Phone #: 305 836-2016																																