2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H69754

1. Entity Name

RICK CASE HYUNDAI, INC.



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

875 N.STATE RD.7 PLANTATION, FL 33317 Mailing Address

875 N.STATE RD.7 PLANTATION, FL 33317



DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 34-1488630 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

CASE, RITA 949 HILLSBORO MILE HILLSBORO BCH, FL 33062

DO NOT WRITE IN THIS SPACE

				in the second of
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		
10.	OFFICERS AND DIRECTORS			
TITLE	D			
NAME	CASE, RICHARD J.			
STREET ADDRESS	949 HILLSBORO MILE			
CITY-ST-ZIP	HILLSBORO BCH., FL	•		
TITLE	PD	· · · · · · · · · · · · · · · · · · ·		HOOOOCO114C
NAME	CASE, RITA		• `	U00000581146 Q1/10/07-80076-018 150.00
STREET ADDRESS	949 HILLSBORO MILE			divinoral applicants instead
CITY-ST-ZIP	HILLSBORO BCH., FL			

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

SI	_	••		~		
-		N	лι		_	_
			—			

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

YTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #