

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 046 ***550.00

DOCUMENT # P05000118879	
1. Entity Name AUTO GALLERY OF FORT LAUDERDALE INC.	

Principal Place of Business 1456 SW 11 TERR POMPAHO BEACH, FL 33069	Mailing Address 1456 SW 11 TERR POMPAHO BEACH, FL 33069
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2. Principal Place of Business 1456 SW 11 TERR	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano, FL	City & State
Zip 33069	Country BROWARD

00026129

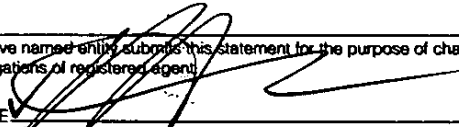


08102006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent DEROMO, ROBERT 737 SE 1ST WAY DEERFIELD BEACH, FL 33441	
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4. FEI Number 20-5404375	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
7. Name and Address of New Registered Agent Name ROBERT DEROMO Street Address (P.O. Box Number is Not Acceptable) 2 Bay Colony DR City FT. LAUDERDALE FL Zip Code 33308	

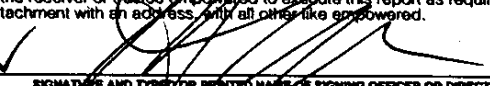
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	☐ Delete	TITLE DEROMO, ROBERT	☐ Change ☐ Addition
NAME DEROMO, ROBERT		NAME	
STREET ADDRESS 737 SE 1ST WAY		STREET ADDRESS	
CITY-ST-ZIP DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	
TITLE V	☐ Delete	TITLE	☐ Change ☐ Addition
NAME WALTERS, RICHARD		NAME	
STREET ADDRESS 204 SCALOBY		STREET ADDRESS	
CITY-ST-ZIP BOYCE, VA 22620		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 **8-21-06** DAYTIME PHONE # **561-262-6116**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR