

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90175 025 ***150.00

DOCUMENT # P96000014239			
1. Entity Name WEST KENNEDY AUTO CENTER, INC.			
Principal Place of Business 690 WEST KENNEDY BLVD. ORLANDO, FL 32810		Mailing Address 1123 WEBSTER AVE ORLANDO, FL 32804	
2. Principal Place of Business <i>1123 Webster Ave</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>ORLANDO FL</i>		Suite, Apt. #, etc.	
City & State		City & State	
Zip <i>32804</i>	Country <i>ORANGE</i>	Zip	Country
6. Name and Address of Current Registered Agent FARIAS, ELIAS MR. WEST KENNEDY AUTO CENTER, INC. 690 WEST KENNEDY BLVD. ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name <i>ELIAS FARIAS</i> Street Address (P.O. Box Number is Not Acceptable) <i>1123 Webster Ave</i> City <i>ORLANDO</i> FL <i>32804</i>	
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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FARIAS, ELIAS C <input type="checkbox"/> Delete 1123 WEBSTER ST ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD FARIAS, BONNA J <input type="checkbox"/> Delete 1123 WEBSTER ST ORLANDO, FL 32804	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Bonna J Farias</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>4/17/06</i> Daytime Phone #: <i>407-808-2836</i>	
<i>BONNA J FARIAS</i>			