2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # 331275** 04-24-2006 90466 039 ***150.00 BEACH CARS OF WEST PALM, INC. Principal Place of Business Mailing Address 1441 N. MILITARY TRAIL 1441 N. MILITARY TRAIL WEST PALM BEACH FL 33409-6018 WEST PALM BEACH FL 33409-6018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-1222803 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCURIO JOHN F Street Address (P.O. Box Number is Not Acceptable) 1457 N MILITARY TRAIL WEST PALM BEACH FL 33409 City Zip Code 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) FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition 🔼 TITLE Change TITLE □ Delete NAME MERCURIO, JOHN F. NAME Peter M Mercurio STREET ADDRESS 1457 N. MILITARY TR. STREET ADDRESS 3136 Hartridge Terrace Wellington, Fl. 33414 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change X Addition MERCURIO, JOHN F. NAME John J. Mercurio STREET ADDRESS STREET ADDRESS 1457 N. MILITARY TR. 7705 Woodsmuir Drive CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP West Palm Beach, Fl. 33412 ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 further 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 my an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4-//- 0.6 561-683-1444 Date Daytime Phone #

FILED