


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90002 050 \*\*\*150.00

<b>DOCUMENT # 490740</b>	
1. Entity Name <b>POWER ACCEPTANCE CORPORATION</b>	

Principal Place of Business <b>16601 NW 8TH AVE. MIAMI, FL 33169 US</b>	Mailing Address <b>16601 NW 8TH AVE. MIAMI, FL 33169 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40030000



04202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2025257</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required *
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SCOPETTA, GEORGE M 16601 NW 8TH AVE. MIAMI, FL 33169</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		Zip Code <b>FL</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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPETTA, GEORGE M 16601 NW 8TH AVE. MIAMI, FL <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	VD SCOPETTA, JOHN R 16601 NW 8TH AVE. MIAMI, FL <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	VSTD HORVATH, AUGUST J 16601 NW 8TH AVE. MIAMI, FL 33169 <input checked="" 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:**  **(305) 4/20/06 625-3934**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40096008  
#490740

16601 N.W. 8<sup>th</sup> Avenue  
Miami, FL 33169  
(305)625-3934  
(305)626-4721

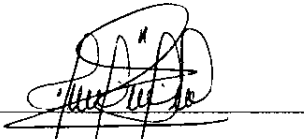
Power Acceptance Corp

June 12, 2006

To whom it may concern:

Please be advised that a payment for the Annual report of \$150.00 was submitted to Florida Department of State on April 20, 2006 as of today the check submitted for payment has not cleared my bank, please accept the attached check as replacement payment.

Sincerely,



Jessica Torres (Accounting)

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POWER ACCEPTANCE CORP.  
Power Acceptance Corp

ATTACHMENT 40096008 11352

11352

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE				
FDS	Florida Department of State	00000000000002546	4/20/2006				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE OFF	NET
0000000000002856	DOC#490740	4/20/2006	\$150.00	\$150.00	\$0.00	\$0.00	\$150.00
			\$150.00	\$150.00	\$0.00	\$0.00	\$150.00

Doc#490740 FEI#59-2025257

COMMENT

11352



POWER ACCEPTANCE CORP.

16601 N.W. 8TH AVENUE  
MIAMI, FL 33169

OB  
OCEAN BANK  
780 N.W. 42ND AVENUE, MIAMI, FLORIDA 33126  
63-1139-660

DATE  
4/20/2006

AMOUNT  
\$150.00

Pay: One Hundred Fifty Dollars And 00 Cents

To the  
order  
of

Florida Department of State  
P.O. Box 1500

Tallahassee, Fl 32302-1500

*[Signature]*  
*[Signature]*

POWER ACCEPTANCE CORP.  
Power Acceptance Corp

11352

11352

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE				
FDS	Florida Department of State	00000000000002546	4/20/2006				
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE OFF	NET
00000000000002868	DOC#490740	4/20/2006	\$150.00	\$150.00	\$0.00	\$0.00	\$150.00
			\$150.00	\$150.00	\$0.00	\$0.00	\$150.00

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COMMENT