2006 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED DOCUMENT # 576872 Jan 27, 2006 08:00 AM 1. Entity Name **Secretary of State** NICKEES AUTOMOTIVE CENTER, INC. Principal Place of Business Mailing Address 5212 S. DIXIE HWY. 5212 S. DIXIE HWY. W PALM BEACH, FL 33405 W PALM BEACH, FL 33405 01122006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1831900 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PETRIS, STEVE DO NOT WRITE 5214 S DIXIE HWY WEST PALM BEACH, FL 33405 "IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 1100000402654 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 ñ2/03/06-80016-021 150.00 OFFICERS AND DIRECTORS 10. TITLE NAME PETRIS, STEVE STREET ADDRESS 5212 S. DIXIE HWY. CITY-ST-ZIP W. PALM BEACH, FL TITLE NAME STREET ADDRESS CITY-SY-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP **IN THIS SPACE** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-06

Daytime Phone #