
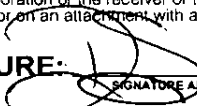


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # F03000005717</b>					
<b>1. Entity Name</b> FALLS PONTIAC-GMC, INC.					
<b>Principal Place of Business</b> 13401 S. DIXIE HIGHWAY MIAMI, FL 33156-6512			<b>Mailing Address</b> 13401 S. DIXIE HIGHWAY MIAMI, FL 33156-6512		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3706327	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> JONES, S D <b>STREET ADDRESS</b> 11700 GRATE OAKS WAY <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD. JEFFREY W. MUGRE <b>STREET ADDRESS</b> 11700 GREAT OAKS WAY <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> PEREZ, LOMBERTO L <b>STREET ADDRESS</b> 13401 S. DIXIE HIGHWAY <b>CITY-ST-ZIP</b> MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D. MARK E. MATHEWS <b>STREET ADDRESS</b> 11700 GREAT OAKS WAY <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> SCHLICHT, REBECCA <b>STREET ADDRESS</b> 2875 DUNWOODIE PLACE <b>CITY-ST-ZIP</b> HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		400082369334 12/07/06--01051--019 **17.50		
<b>TITLE</b> D <b>NAME</b> MURDOCKR, STEVEN E <b>STREET ADDRESS</b> 11700 GRATE OAKS WAY <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D. BRIAN LEE <b>STREET ADDRESS</b> 755 GATES MILL WAY <b>CITY-ST-ZIP</b> ALPHARETTA, GA 30004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		11/02/06 01020 001 - \$52.50		
<b>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.</b>					
<b>SIGNATURE:</b> 			Rebecca Schlicht s/T 11-9-de 305-238-4040		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11032006 Chg-P CR2E034 (11/05)

**4. FEI Number**  
11-3706327

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

**Amended AR is \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

**TITLE**  
D  
**NAME**  
JONES, S D  
**STREET ADDRESS**  
11700 GRATE OAKS WAY  
**CITY-ST-ZIP**  
ALPHARETTA, GA 30022

☒ Delete

**TITLE**  
PD  
**NAME**  
PEREZ, LOMBERTO L  
**STREET ADDRESS**  
13401 S. DIXIE HIGHWAY  
**CITY-ST-ZIP**  
MIAMI, FL 33156

☒ Delete

**TITLE**  
ST  
**NAME**  
SCHLICHT, REBECCA  
**STREET ADDRESS**  
2875 DUNWOODIE PLACE  
**CITY-ST-ZIP**  
HOMESTEAD, FL 33035

☐ Delete

**TITLE**  
D  
**NAME**  
MURDOCKR, STEVEN E  
**STREET ADDRESS**  
11700 GRATE OAKS WAY  
**CITY-ST-ZIP**  
ALPHARETTA, GA 30022

☒ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE**  
PD.  
**NAME**  
JEFFREY W. MUGRE  
**STREET ADDRESS**  
11700 GREAT OAKS WAY  
**CITY-ST-ZIP**  
ALPHARETTA, GA 30022

☐ Change ☒ Addition

**TITLE**  
D.  
**NAME**  
MARK E. MATHEWS  
**STREET ADDRESS**  
11700 GREAT OAKS WAY  
**CITY-ST-ZIP**  
ALPHARETTA, GA 30022

☐ Change ☒ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
D.  
**NAME**  
BRIAN LEE  
**STREET ADDRESS**  
755 GATES MILL WAY  
**CITY-ST-ZIP**  
ALPHARETTA, GA 30004

☐ Change ☒ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE**  
  
**NAME**  
  
**STREET ADDRESS**  
  
**CITY-ST-ZIP**

☐ Change ☐ Addition