

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90036 033 \*\*\*150.00

**DOCUMENT # F76997**  
 1. Entity Name  
 T. L. C. AUTO BROKERS, INC.



Principal Place of Business      Mailing Address  
 1827 NW 54 AVE.      1827 NW 54 AVE.  
 POMPANO BEACH, FL 33063      POMPANO BEACH, FL 33063

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 4061 Coconut Creek Blvd      4061 Coconut Creek Blvd.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Coconut Creek, FL      Coconut Creek FL  
 Zip      Country      Zip      Country  
 33066      USA      33066      USA



02142007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
 KREITZ, NICHOLAS H  
 4061 COCONUT CREEK BLVD  
 COCONUT CREEK, FL 33066

**4. FEI Number**  
 59-2369644      Applied For  
 Not Applicable

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	KREITZ, NICHOLAS H	
STREET ADDRESS	4061 COCONUT CREEK BLVD	
CITY - ST - ZIP	COCONUT CREEK, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KREITZ, GAIL	
STREET ADDRESS	4061 COCONUT CREEK BLVD.	
CITY - ST - ZIP	POMPANO BEACH, FL 33066	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** *Gail Kreitz*      *Gail Kreitz*      *3-30-07*      *954-972-2735*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #