

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004906

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: AUTONATION DODGE OF PEMBROKE PINES, INC.

**Current Principal Place of Business:**

110 SE 6TH STREET  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

13601 PINES BOULEVARD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

110 S.E. 6TH STREET, 20TH FLOOR  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0948962      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROLLIN, KENNETH B  
110 SE 6TH STREET  
20TH FLOOR  
FT. LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MAUL, TODD  
Address: 110 S.E. 6TH STREET, 20TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VST ( ) Delete  
Name: PHILLIPS, HENRY S  
Address: 110 S.E. 6TH STREET, 20TH FLOOR  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD MAUL

P

04/29/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date