2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J09953

1. Entity Name

WEST PALM NISSAN, INC.



05-03-2005 90071 050 ***150.00

May 03, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

Mailing Address

561 S. MILITARY TRAIL WEST PALM BEACH, FL 33415

415 US

551 S MILITARY TRAIL WEST PALM BEACH, FL 33415



04252005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2664692

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PLANTATION, FL 33324			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.	, 	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KURNICK, ROBERTH 2555 Telegraph Rd. 13400 OUTER DRIVE WEST DETROIT, MI 482304001 Bloomfield Hilly MI 48302				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSO, GLENN 551 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV DIFEO, SAM X JR ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		-			

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

460/ng

Daytime Phone #