


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90070 002 ***150.00

DOCUMENT # J63396
 1. Entity Name
 WEST PALM AUTO MALL, INC.



Principal Place of Business: 551 S. MILITARY TRAIL, WEST PALM BEACH, FL 33415
 Mailing Address: 551 S. MILITARY TRAIL, W. PALM BEACH, FL 33415 US

DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0050202 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIDSON, JAMES R
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR
CITY-ST-ZIP	SECAUCUS, NJ 07096
TITLE	D
NAME	KURNICK, ROBERT H
STREET ADDRESS	13400 OUTER DRIVE WEST 2555 Telegraph Rd
CITY-ST-ZIP	REDFORD, MI 48239 Bloomfield Hills, MI 48302
TITLE	P
NAME	GROSSO, GLENN
STREET ADDRESS	551 SOUTH MILITARY TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	T
NAME	DAVIDSON, JAMES R
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR
CITY-ST-ZIP	SECAUCUS, NJ 07096
TITLE	SVP
NAME	DIFEO, SAM X JR.
STREET ADDRESS	ONE HARMON PLAZA 9TH FLOOR
CITY-ST-ZIP	SECAUCUS, NJ 07096
TITLE	S
NAME	KURNICK, ROBERT H
STREET ADDRESS	13400 OUTER DRIVE WEST 2555 Telegraph Rd.
CITY-ST-ZIP	REDFORD, MI 48239 Bloomfield Hills, MI 48302

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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:  4/25/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #