

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K52567

1. Entity Name
LUXURY IMPORTS OF PALM BEACH, INC.



FILED
Apr 30, 2007 08:00 A
Secretary of State

Principal Place of Business Mailing Address
515 N FLAGLER DR 515 N FLAGLER DR
STE 808 STE 808
WEST PALM BEACH, FL 33401 US WEST PALM BEACH, FL 33401 US



04232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117728 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC
660 U.S. HIGHWAY ONE
3RD FLOOR
NORTH PALM BEACH, FL 33408

**DO NOT WRITE
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 re-instating)

DATE

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

000000745128
05/16/07-80014-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME CUILLO, ROBERT S.
STREET ADDRESS 515 N FLAGLER DR STE 808
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE T
NAME HOTARY, MICHAEL
STREET ADDRESS 515 N FLAGLER DR STE 808
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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:

Michael Hotary, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 (561)478-4990
Date Daytime Phone #