

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90181 028 ***150.00

DOCUMENT # K91018					
1. Entity Name ELITE AUTO CENTER, INC.					
Principal Place of Business 10890 SW 186 ST MIAMI, FL 33157			Mailing Address 10890 SW 186 ST MIAMI, FL 33157		
2. Principal Place of Business <i>18728 S.W. 107 Ave.</i>		3. Mailing Address <i>18728 S.W. 107 Ave.</i>			
Suite, Apt. #, etc.:		Suite, Apt. #, etc.:			
City & State <i>Miami, FL 33157</i>		City & State <i>Miami, FL 33157</i>			
Zip		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent FERNANDEZ, JOSE A. 6641 S.W. 107 PLACE MIAMI, FL 33173				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: <i>[Signature]</i>					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FERNANDEZ, JOSE A. 6641 S.W. 107 PLACE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i>			(PRESIDENT) <i>4/14/06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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02222006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0122216 Applied For Not Applicable

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