


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 20, 2006 08:00 AM  
Secretary of State

**DOCUMENT # L46113**  
1. Entity Name  
AUTOMOTIVE BUSINESS CONSULTANTS, INC.



Principal Place of Business 5353 N FEDERAL HWY STE 211 FT LAUDERDALE, FL 33308 US	Mailing Address 5353 N FEDERAL HWY STE 211 FT LAUDERDALE, FL 33308 US
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04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0168321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
FRONRATH, GARY  
5353 N FEDERAL HWY #211  
FORT LAUDERDALE, FL 33308

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO FRONRATH, GARY 5353 N FEDERAL HWY #211 FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRONRATH, ROBIN 5353 N FEDERAL HWY #211 FT. LAUDERDALE, FL 33308
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U00000522081  
05/03/06-80016-012 150.00

**DO NOT WRITE 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06 954 489-3973  
Date Daytime Phone #