

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 017 \*\*\*150.00

**DOCUMENT # M80587**

1. Entity Name  
NATIONAL AUTO BROKERS, INC.



Principal Place of Business

515 N. FLAGLER DRIVE  
SUITE 808  
WEST PALM BEACH, FL 33401

Mailing Address

515 N. FLAGLER DRIVE  
SUITE 808  
WEST PALM BEACH, FL 33401

40090134



2. Principal Place of Business

3. Mailing Address

03132006 Chg-P CR2E034 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0049758

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent

Name FHS Corp Services Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
660 U.S. Highway One, 3rd Fl.  
City North Palm Beach FL Zip Code 33408

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-06

Date

(561) 478-4990

Daytime Phone #