

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19865

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: FLORIDA MOPAR CONNECTION, INC.

**Current Principal Place of Business:**

P.O. BOX 220083  
HOLLYWOOD, FL 33022

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 220083  
HOLLYWOOD, FL 33022

**New Mailing Address:**

FEI Number: 65-0030282      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAYCUMBER, ROLLIN  
2523 SHERMAN ST  
HOLLYWOOD, FL 33020      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KRAMER, ERIC  
Address: 852 NW 81ST AVE  
City-St-Zip: PLANTATION, FL 33324

Title: SD ( ) Delete  
Name: MAYCUMBER, ROLLIN  
Address: 2523 SHERMAN ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: VPD ( ) Delete  
Name: PETRILLO, GEORGE  
Address: 710 NW 204 AVE  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: T ( ) Delete  
Name: MOORE, LANCE  
Address: 3361 LEE ST  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLLIN MAYCUMBER

SD

01/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date