

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006053

FILED
Apr 29, 2005
Secretary of State

Entity Name: MOPARS OF THE PALM BEACHES, INC.

Current Principal Place of Business:

12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0544304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMEDLEY, SARAH T
12218 57TH ROAD NORTH
ROYAL PALM BEACH, FL 33411 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: DP () Delete
Name: DAVIS, JOANNE
Address: 12429 189TH CT N
City-St-Zip: JUPITER, FL 33478

Title: DVP () Delete
Name: ROMANELLI, RICHARD
Address: 17715 38TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TS () Delete
Name: SMEDLEY, SARAH T
Address: 12218 57TH ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: TT () Delete
Name: ROMANELLI, KIM
Address: 17715 38TH LANE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: TS (X) Delete
Name: STUTZMAN, KEVIN
Address: 510 JEFFERSON DRIVE #112
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: DC () Delete
Name: ALL, MEMBERS
Address: 12218 57TH ROAD NORTH
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: PILONE, JARROD
Address: 4320 NE 12TH TERRACE
City-St-Zip: POMPANO BEACH, FL 33064

Title: DVP (X) Change () Addition
Name: STUTZMAN, KEVIN
Address: 3490 PALLADIAN CIRCLE
City-St-Zip: DEERFIELD BEACH, FL 33442

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 Section 119.07(3)(i), 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: SARAH T SMEDLEY

TS

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date