

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006053

FILED  
Apr 30, 2008  
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: PILONE, JARROD  
Address: 4612 DANSON WAY  
City-St-Zip: DELRAY BEACH, FL 33445

Title: DVP ( ) Delete  
Name: BALTON, JOHN  
Address: 21034 RUSTLEWOOD AVE  
City-St-Zip: BOCA RATON, FL 33428

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: 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: ( ) 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: SARAH T SMEDLEY

TS

04/30/2008

Electronic Signature of Signing Officer or Director

Date