2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI		0 0000
DOCUMENT # P0000004948 1. Entity Name RONNIES AUTO TRANSPORT, INC.		Secretary of State
Principal Place of Business Mailing Address P.O. BOX 6131 P.O. BOX 6131 POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060	0	2 SERTINERS AN REASO BROOK BROOK BROOK BROOK BROOK BROOK BROOK BROOK BOOK B
DO NOT WRITE IN THIS SPA	CE	02162006 Na Chg-P CR2E034 (11/05) 4. FEI Number Applied Far Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	1	
BOEHM, RONALD R JR P.O. BOX 6131 POMPANO BEACH, FL 33060		DO NOT WRITE IN THIS SPACE
The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.	ered office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept
S/GNATURE	· · · · · · · · · · · · · · · · · · ·	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE		
FILE NOWISE FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution	ancing \$5. b. \(\simega\) Adde	00 May Be ad to Fees
10. OFFICERS AND DIRECTORS	_	
TITLE PTS NAME BOEHM, RONALD R STREET ADDRESS P.O. BOX 6131 CITY-ST-ZIP POMPANO BEACH, FL 33060		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		000000474079 04/04/06-80009-022 150.00
TITLE NAME STREET ADDRESS CHTY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-2IP		
TITLE NAME STREET ADDRESS		

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated on this report or supplied each of the composition of the composition of the composition of the receiver for fustee empowered, by kecute this report as required by Chapter 807, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06 772-9222