2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000006171

1. Entity Name
CITY OF PALMS AUTOMOTIVE, INC.

Principal Place of Business	Mailing Address
3445 PALM BEACH BLVD FT MYERS, FL 33916	3445 PALM BEACH BLVD FT MYERS, FL 33916

DO NOT WRITE IN THIS SPACE

02112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0975790	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESCALANTE, ROGELIO
3445 PALM BEACH BLVD.
FORT MYERS, FL 33916

DO NOT WRITE IN THIS SPACE

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	PD
NAME	ESCALANTE, ROGELIO
STREET ADDRESS	3445 PALM BEACH BLVD.
CITY-ST-ZIP	FORT MYERS, FL 33916
TITLE	V
NAME	FLORES, JOSE
STREET ADDRESS	4460 VIRGINIA ST
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	S
NAME	FLORES, MARTHA
STREET ADDRESS	4460 VIRGINIA ST
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000568857
07/11/06-80001-017 550.00

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: _Martha Flores_   7-6-06   (239) 352-711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   _Secretary_   Date   Daytime Phone #