

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000006171

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: CITY OF PALMS AUTOMOTIVE, INC.

## Current Principal Place of Business:

3445 PALM BEACH BLVD  
FT MYERS, FL 33916

## New Principal Place of Business:

## Current Mailing Address:

3445 PALM BEACH BLVD  
FT MYERS, FL 33916

## New Mailing Address:

FEI Number: 65-0975790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLORES, JOSE E  
12655 5TH ST  
FORT MYERS, FL 33905 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FLORES, JOSE E  
Address: 12655 5TH ST  
City-St-Zip: FORT MYERS, FL 33905

Title: V ( ) Delete  
Name: FLORES, JOSE  
Address: 12655 5TH ST  
City-St-Zip: FT MYERS, FL 33905

Title: S (X) Delete  
Name: FLORES, MARTHA  
Address: 12655 5TH ST  
City-St-Zip: FT MYERS, FL 33905

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FLORES, JOSE E  
Address: 12655 5TH ST  
City-St-Zip: FORT MYERS, FL 33905 US

Title: S (X) Change ( ) Addition  
Name: FLORES, MARTHA  
Address: 12655 5TH ST  
City-St-Zip: FT MYERS, FL 33905 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE E FLORES

PD

02/22/2008

Electronic Signature of Signing Officer or Director

Date