

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90028 009 ***150.00

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02012006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000012357 1. Entity Name STEVE'S TRANSMISSIONS OF HOLLYWOOD, INC.																																					
Principal Place of Business 5649 PINE TERRACE PLANTATION, FL 33317			Mailing Address 5649 PINE TERRACE PLANTATION, FL 33317																																		
2. Principal Place of Business 3803 W BEACH BLVD		3. Mailing Address 3803 W BEACH BLVD																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																			
City & State HOLLYWOOD FL		City & State HOLLYWOOD		4. FEI Number 65-9975775																																	
Zip 33023		Country USA		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent SKOPP, STEVEN 5649 PINE TERRACE PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name SKOPP, STEVEN Street Address (P.O. Box Number is Not Acceptable) 933 ARBOR VIEW City HOLLYWOOD FL Zip Code 33019																																		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> D SKOPP, STEVEN 5649 PINE TERRACE PLANTATION, FL 33317 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOPP, STEVEN 5649 PINE TERRACE PLANTATION, FL 33317 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 933 HARBOR VIEW HOLLYWOOD, FL 33019 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 933 HARBOR VIEW HOLLYWOOD, FL 33019														
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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: <u>STEVEN SKOPP</u> 2/16/06 954-965-0501 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																					