


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000090571**  
 1. Entity Name  
**AUTOMOTIVE ELITE, INC.**



Principal Place of Business: **7714 RALEIGH STREET HOLLYWOOD FL 33024**  
 Mailing Address: **7714 RALEIGH STREET HOLLYWOOD FL 33024**



2. Principal Place of Business: **Same Above**  
 Suite, Apt. #, etc.:  
 3. Mailing Address:  
 Suite, Apt. #, etc.:  
 City & State:  
 Zip: Country: Zip: Country:

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent  
**LIMPER, MICHAEL**  
**7714 RALEIGH ST**  
**HOLLYWOOD FL 33024**

4. FEI Number: **65-0772548**  
 Applied For:  Not Applicable

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

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: **FL** Zip Code:

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: *Michael Limper*  
 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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  
 Trust Fund Contribution:

10. OFFICERS AND DIRECTORS	
TITLE: <b>D</b> <input type="checkbox"/> Delete	NAME: <b>LIMPER, MICHAEL D</b>
STREET ADDRESS: <b>7714 RALEIGH STREET</b>	CITY-ST-ZIP: <b>HOLLYWOOD FL 33024</b>
TITLE: <b>T</b> <input type="checkbox"/> Delete	NAME: <b>LIMPER, DIANE</b>
STREET ADDRESS: <b>7714 RALEIGH STREET</b>	CITY-ST-ZIP: <b>HOLLYWOOD FL 33024</b>
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

**U00000544819**  Change  Add  
**05/11/06-80050-025 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michael Limper* **Michael Limper** 4-25-06 954. 981-4058  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #