


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000021223</b> 1. Entity Name <b>BILL SEIDLE HYUNDAI, INC.</b>	
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Principal Place of Business <b>3199 NW 36 STREET MIAMI, FL 33142</b>	Mailing Address <b>2900 NW 36TH ST MIAMI, FL 33142</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1085479</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SEIDLE, MICHAEL 2900 NW 36TH ST MIAMI, FL 33142</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, BILL 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, BETTY 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, MICHAEL 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SEIDLE, ROBERT 2900 NW 36 STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>000000428347 02/21/06-80043-020 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  **Michael A. Seidle** 1-10-06 305-633-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #