

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90262 021 ***150.00

DOCUMENT # P01000045169

1. Entity Name
EXQUISITE AUTOS OF THE PALM BEACHES, INC.



Principal Place of Business
1518 S DIXIE HWY
WEST PALM BEACH, FL 33401

Mailing Address
1518 S DIXIE HWY
WEST PALM BEACH, FL 33401

54036280

2. Principal Place of Business

1225 Okeechobee Rd.

3. Mailing Address

1225 Okeechobee Rd.

Suite, Apt. #, etc.

Suite C

Suite, Apt. #, etc.

Suite C

City & State

W. Palm Beach, FL

City & State

W. Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

04072004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-1100087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BERGMAN, JEFFREY
3728 GEORGIA AVE 1C
WEST PALM BEACH, FL 33405

Name

Jeffrey Bergman

Street Address (P.O. Box Number is Not Acceptable)

1225 Okeechobee Rd.

Suite C

City

W. Palm Beach

FL

Zip Code

33401

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

Jeff Bergman

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME BERGMAN, JEFFREY
STREET ADDRESS 3728 GEORGIA AVE
CITY-ST-ZIP WEST PALM BEACH, FL 33405

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Jeffrey Bergman ☒ Change ☐ Addition
NAME
STREET ADDRESS 1225 Okeechobee Rd., Suite C
CITY-ST-ZIP W. Palm Beach, FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.