

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000082737

1. Entity Name  
AUTO IMPORTS OF MELBOURNE, INC.



Principal Place of Business

1275 DORCHESTER AVE.  
MELBOURNE, FL 32904 US

Mailing Address

233 LANTERBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937

**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3738173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CALDARONE, TRACY  
233 LANTERBACK ISLAND DR.  
SATELLITE BEACH, FL 32937

**DO NOT WRITE  
IN THIS SPACE**

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 Tracy Cald  
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1000000263384  
03/15/05-80009-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME CALDARONE, TRACY  
STREET ADDRESS 233 LANTERBACK ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE VP  
NAME LAMAME, ALEX  
STREET ADDRESS 233 LANTERBACK ISLAND DR.  
CITY-ST-ZIP SATELLITE BEACH, FL 32937

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE: Tracy Cald  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #