2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: EDDIE ACCARDI SUBARU OF COCONUT CREEK, INC.

Current Principal Place of Business:

SE CORNER OF ALEXANDRIA ROAD AND SR 441
COCONUT CREEK, FL 33067

New Principal Place of Business:

Current Mailing Address:

855 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062

New Mailing Address:

855 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062 US

FEI Number: 20-0016299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACCARDI, EDMUND
855 S. FEDERAL HIGHWAY
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACCARDI, EDMUND
Address: 855 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP ( ) Delete
Name: HARPEST, ROBERT E
Address: 855 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S/T (X) Delete
Name: ACCARDI, JOSEPH T
Address: 855 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: ACCARDI, EDMUND
Address: 855 S. FEDERAL HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDMUND ACCARDI PSTD 01/03/2007

Electronic Signature of Signing Officer or Director — Date