2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P020001011119

1. Entity Name CHOICE AUTO GROUP, INC.

US

FILED
May 01, 2006 08:00 AM
Secretary of State

Principal Place of Business

800 W. CYPRESS CREEK RD.

#470

FT LAUDERDALE, FL 33309 U

Malling Address

800 W. CYPRESS CREEK RD. #470

FT LAUDERDALE, FL 33309



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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0757215 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

LEGEL, LARRY 800 W. CYPRESS CREEK RD. #470 FT LAUDERDALE, FL 33309

SIGNATURE.

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ä.	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 abligations of registered agent.	

(NOTE Registered Agent signature required when reinstating)

FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE FERRIGNO, JEAN-LUC J NAME STREET ADDRESS 800 W. CYPRESS CREEK RD., SUITE 470 FT LAUDERDALE, FL 33309 CITY-ST-ZIP TITLE LEGEL, LARRY NAME STREET ADORESS 800 W. CYPRESS CREEK RD., SUITE 470 CITY-ST-ZIP FT LAUDERDALE, FL 33309 TITLE NAME STRICET ADDRESS CITY-ST-ZIP MARKE STREET ADDRESS CITY-ST-ZIP

U00000555499 05/16/06-80035-010 150.00

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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 of 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 chaptered, or on an attachment with at address, with all foliar like empowered.

SIGNATURE:

TITLE

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

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

LARRY LEGEL

AS. 4.27.6

Смуштие Рткоме €