

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90038 024 \*\*\*150.00

DOCUMENT # P02000101119

1. Entity Name  
CHOICE AUTO GROUP, INC.



Principal Place of Business  
800 W. CYPRESS CREEK RD.  
#470  
FT LAUDERDALE, FL 33309 US

Mailing Address  
800 W. CYPRESS CREEK RD.  
#470  
FT LAUDERDALE, FL 33309 US

2. Principal Place of Business - No P.O. Box #  
800 W. CYPRESS CREEK RD.  
Suite, Apt. #, etc.  
SUITE 465

3. Mailing Address  
800 W. CYPRESS CREEK RD.  
Suite, Apt. #, etc.  
SUITE 465

City & State  
FT. LAUDERDALE, FL  
Zip Country  
33309 USA

City & State  
FT. LAUDERDALE, FL  
Zip Country  
33309 USA

04262007 Chg-P CR2E034 (12/06)

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

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
FERRIGNO, JEAN-LUC J  
800 W. CYPRESS CREEK RD., SUITE 470  
FT LAUDERDALE, FL 33309 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
LEGAL, LARRY  
800 W. CYPRESS CREEK RD., SUITE 470  
FT LAUDERDALE, FL 33309 ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Larry Legal* LARRY LEGAL AS 5.1.7 954 4638900