

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000082642

1. Entity Name  
DEALERS CHOICE ENTERPRISE, INC



Principal Place of Business  
242 NW 91ST AVE  
CORAL SPRINGS, FL 33071

Mailing Address  
242 NW 91ST AVE  
CORAL SPRINGS, FL 33071



06262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1161545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

NOTO, RICHARD A  
242 NW 91ST AVENUE  
CORAL SPRINGS, FL 33071

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

U00000567817  
06/30/06-80005-018 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NOTO, RICHARD A 242 NW 91ST AVE CORAL SPRINGS, FL 33071
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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 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

6/25/06  
Date

Daytime Phone #