


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90166 031 \*\*\*150.00

**DOCUMENT # P04000098579**  
 1. Entity Name  
**UNIVERSITY AUTO MALL, INC.**



Principal Place of Business: **4897 NO UNIVERSITY DR LAUDERHILL FL 33319**  
 Mailing Address: **C/O STEPHEN FERRARO 20 GRACE LANE OYSTER BAY COVE NY 11771**



2. Principal Place of Business: **Same AS Above**  
 Suite, Apt. #, etc.:  
 3. Mailing Address: **184 SAGAMORE DRIVE**  
 Suite, Apt. #, etc.:

1st MOORE CR2E034 (10/05)

City & State: **Plainville NY**  
 Zip: **11803** Country: **USA**

4. FEI Number: **20-1390126** Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**SALOMON, RACHEL**  
**1000 VIA LUGANO CIRCLE-BLDG. 10-107**  
**BOYNTON BEACH FL 33436**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FERRARO, STEPHEN P</b>	
STREET ADDRESS	<b>20 GRACE LANE</b>	
CITY-ST-ZIP	<b>OYSTER BAY NY 11771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P STEPHEN P. FERRARO</b>	
STREET ADDRESS	<b>184 SAGAMORE DRIVE</b>	
CITY-ST-ZIP	<b>Plainville NY 11803</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Stephen P. Ferraro  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_