


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90035 035 \*\*\*158.75

<b>DOCUMENT # P05000113674</b>	
1. Entity Name <b>WEST PARK AUTOMOTIVE REPAIR OF HOLLYWOOD, INC.</b>	

Principal Place of Business <b>6861 N.W. 46TH COURT LAUDERHILL, FL 33319</b>	Mailing Address <b>6861 N.W. 46TH COURT LAUDERHILL, FL 33319</b>
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2. Principal Place of Business <b>2334 S.W. 56th Ave.</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>Hollywood, FL</b>	City & State
Zip <b>33023</b>	Country <b>U.S.A.</b>



02112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>54281018</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent <b>FRIEDMAN, ROBERT J 1150 E. HALLANDALE BEACH BOULEVARD HALLANDALE, FL 33009</b>	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUJBALLIE, GLESTON 6861 N.W. 46TH COURT LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUJBALLIE, ESSELENA 6861 N.W. 46TH COURT LAUDERHILL, FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Esseleena Sujballie 2/12/2006 954-962-7033  
Signature, typed or printed name of officer or director Date Daytime Phone #