## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 16, 2007 08:00 AN Secretary of State DOCUMENT # P93000012694 WEST MCNAB FOREIGN CAR, INC. Principal Place of Business Mailing Address 2245 W. MCNAB ROAD 2245 W. MCNAB ROAD **BAY 31 BAY 31** POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 01122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0399171 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOLCZANSKI, BRUCE 6721 N.W. 26 TERRACE FORT LAUDERDALE, FL 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. DATE (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOLCZANSKI, BRUCE NAME **6721 NW 28 TERRACE** STREET ADDRESS FORT LAUDERDALE, FL CITY-ST-7IP TITLE U000000667978 NAME 03/27/07-80011-016 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THILE

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 ceport 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 changed, or on an attachment with an address, with all other like expowered.

SIGNATURE:

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

STREET ADDRESS CITY-ST-ZIP

STORATURE AND TYPED ON PRINTED NAME OF SUBMING OFFICER OR DIRECTOR

954972-403

**FILED** 

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Date