1 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000016033

1. Entity Name

VINTAGE MOTORS OF SOUTH FLORIDA, INC.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

4500 PGA BLVD.

STE 207

PALM BEACH GARDENS, FL 33418

Mailing Address

4500 PGA BLVD.

STE 207

PALM BEACH GARDENS, FL 33418



1	02082007	No Chg-P	CR2E034 (11/05)
	02002001	no ong .	w,

4. FEI Number 65-0392316

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

e	. Nam	e and A	ddress of	Current F	tegistere	d Agent

DO NOT WRITE IN THIS SPACE

DIVOSTA, OTTO B 4500 PGA BLVD. STE 207

DO NOT WRITE IN THIS SPACE

PALM BEACH GARDENS, FL 33418				III TIIO OFACE			
	named entity submits this statement for the priors of registered agent.	urpose of changing its registered	office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when rainstating)	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO B 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418 VS BRANDT, PHILLIP L 4500 PGA BLVD., SUITE 207 PALM BEACH GARDENS, FL 33418				U00000739430 05/14/07-80027-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP				## V	THE OFFICE		

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:

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

Phillip Brandt

4/24/07 561/691-9050