FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000017074

1. Entity Name
MALIBU MOTORS OF THE PALM BEACHES, INC.

Principal Place of Business	Mailing Address
4717 GEORGIA AVE WEST PALM BEACH, FL 33405	4717 GEORGIA AVE WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

04132006 No Chg P CR2E034 (11/05)

4. FEI Number
65-0475480

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RIES, FRED
4717 GEORGIA AVE
WEST PALM BEACH, FL 33405

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RIES, FRED
STREET ADDRESS	4717 GEORGIA AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	D
NAME	RIES, LAURIE
STREET ADDRESS	4717 GEORGIA AVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80161-017 150.00

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: FRED RIES 4/14/06 (561)835-1755
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR