


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 23, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000025420</b> 1. Entity Name <b>MELBOURNE AUTO PLAZA, INC.</b>	
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Principal Place of Business <b>515 N FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401 US</b>	Mailing Address <b>515 N FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0486386</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>FHS CORPORATE SERVICES INC 11780 US HWY ONE, STE 300 N PALM BEACH, FL 33408</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and date if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>	<b>U000000326139 04/23/05-80045-003 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPS CUILLO, ROBERT 515 N FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T HOTARY, MICHAEL 515 N FLAGLER DRIVE STE 808 WEST PALM BEACH, FL 33401</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4-21-05</b> Date	<b>(561) 478-4910</b> Daytime Phone #
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