

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000025420

1. Entity Name
MELBOURNE AUTO PLAZA, INC.



Principal Place of Business
515 N FLAGLER DRIVE STE 808
WEST PALM BEACH, FL 33401 US

Mailing Address
515 N FLAGLER DRIVE STE 808
WEST PALM BEACH, FL 33401 US

FILED
Apr 30, 2007 08:00 A
Secretary of State



04232007 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0486386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES INC
660 US HIGHWAY ONE, 3RD FLOOR
N PALM BEACH, FL 33408

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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. (NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CUILLO, ROBERT
STREET ADDRESS	515 N FLAGLER DRIVE STE 808
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
TITLE	T
NAME	HOTARY, MICHAEL
STREET ADDRESS	515 N FLAGLER DRIVE STE 808
CITY- ST- ZIP	WEST PALM BEACH, FL 33401
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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05/15/07-80043-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Michael Hotary* Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07

Date

(561) 478-4990

Daytime Phone #