

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90087 013 ***150.00

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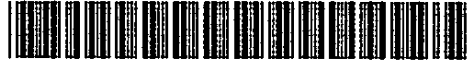
1. Entity Name
RAUL GARCIA AUTOMOTIVE, INC.



Principal Place of Business
**200 S.W. 5TH COURT
POMPANO BEACH, FL 33060**

Mailing Address
**200 S.W. 5TH COURT
POMPANO BEACH, FL 33060**

DO NOT WRITE IN THIS SPACE



03052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0830165

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GARCIA, MARIANO ESQ.
1801 CENTRE PARK DR E SUITE 200
WEST PALM BEACH, FL 33401**

**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

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, 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	PVST
NAME	GARCIA, RAUL M
STREET ADDRESS	200 S.W. 5TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	D
NAME	GARCIA, RAUL M
STREET ADDRESS	200 S.W. 5TH COURT
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	GARCIA RAUL M.
NAME	517 SOUTH FLAGLER AVE. #25
STREET ADDRESS	POMPANO BEACH, FL 33060
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]* **RAUL M. GARCIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-2006 954-592-3380

Date

Daytime Phone #