

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


APPROVAL  
AND  
FILED

06 MAY 16 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000034481**

1. Entity Name  
**DARLING AUTO SALES, CORP.**



Principal Place of Business: **1075 EAST 29 STREET HIALEAH, FL 33013**

Mailing Address: **505 EAST 60 STREET HIALEAH, FL 33013**

2. Principal Place of Business: **1083 EAST 52 ST**

3. Mailing Address: **505 EAST 60 ST Hialeah**

Suite, Apt. #, etc.

City & State: **Hialeah Florida**

City & State: **Hialeah Florida**

Zip: **33013** Country



04212006 Chg-P CR2E034 (11/05)

4. FEI Number: **65-0828149**

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

6. Name and Address of Current Registered Agent  
**BORREGO, NELCYS  
505 EAST 60 STREET  
HIALEAH, FL 33013**

Applied For:  Not Applicable

7. Name and Address of New Registered Agent

Name: **Samuel**

Street Address (P.O. Box Number is Not Acceptable)

City: **FL** Zip Code

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]*

(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 NAME STREET ADDRESS CITY - ST - ZIP	PSD BORREGO, PABLO E 505 EAST 60 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BORREGO, NLCYS 505 EAST 60 STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100075221481</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>05/25/06--01010--011</b> <b>*\$150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **04/27/06** **(305) 384-6565** **(305) 687-6323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/1/06