2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM **DOCUMENT # P98000054991 Secretary of State** 1. Entity Name THE PALM BEACH GARAGE, INC. Principal Place of Business Mailing Address 2400 S. DIXIE HWY. WEST PALM BEACH FL 33401 2400 S. DIXIE HWY. WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEt Number 65-0845561 Not Applica Zip Country Ζιρ Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROPPER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 2400 S. DIXIE HWY. WEST PALM BEACH FL 33405 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. Signature, typed or printed name of registered agent and title # applicable (NOTE Registered Agent signature required when remalating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fed Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TITLE TITLE ☐ Change PROPPER, SCOTT I MAME <u> U000000418799</u> STREET ADDRESS 2400 S. DIXIE HWY STREET ADDRESS 02/14/06-60021-014 150.00 CITY-SI-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Delete TITLE BM ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-219 City-St-ZiP TITLE Deicte ☐ Change TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TILLE ☐ Change ПA MAME NAME STREET AODRESS STRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete THEF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 discording 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 Blox if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: South Pur South In South In Prograw Pres 1-2600 (560) \$23-662