2006 FOR PROFIT CUMPURATION ANNUAL REPORT (AR)

FILED DOCUMENT # P98000091171 Jan 31, 2006 08:00 AM 1. Entity Name EUROPEAN FOREIGN DOMESTIC AUTO REPAIR CENTRE, **Secretary of State** Principal Place of Business Mailing Address 9787 GLADES ROAD 9787 GLADES ROAD **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0872302 Not Applicat Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KRANITZ, STEVE Street Address (P.O. Box Number is Not Acceptable) 9787 GLADES RD **STE 200 BOCA RATON FL 33434** 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. It am famillar with, and accept the obligations of registered agent SIGNATURE Signature, typed of printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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 Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10, 11. IIILE Delete HILE Change ☐ Addin KRANITZ, STEVE NAME U00000409519 STREET ADDRESS 9787 GLADES ROAD STREET ADDRESS 02/08/06-80102-011 150.00 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33434** Delete ☐ Change Acc. TITLE TITEF MAME MAME KRANITZ, ADRIENNE STREET ADDRESS 9787 GLADES RD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete THILE ☐ Chance T Acres NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Change A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ A∵ TITLE Delete: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 direction.

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 1

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE: