

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000053469

Entity Name: DNP AUTO SALES, INC.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1217 OLD OKEECHOBEE RD  
UNIT 5  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

1217 OLD OKEECHOBEE RD  
UNIT 5  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 65-0926985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICOLETTI, DOMINIC  
8627 TOURMALINE BLVD.  
BOYNTON BEACH, FL 33437 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: NICOLETTI, DOMINIC  
Address: 1217 OLD OKEECHOBEE RD  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP  
Name: NICOLETTI, PATRICIA  
Address: 1217 OLD OKEECHOBEE ROAD  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DOMINIC NICOLETTI

PRES

01/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date