

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000075376

1. Entity Name  
BILL SEIDLE'S IMPORTS OF DAVIE, INC.



Principal Place of Business  
5395 S. UNIVERSITY DRIVE  
DAVIE, FL 33028

Mailing Address  
2900 NW 36T HST  
MIAMI, FL 33142



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0948920

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SEIDLER, MICHAEL  
2900 NW 36T HST  
MIAMI, FL 33142

**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 reissuing)

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          | VP                       |
| NAME           | SEIDLE, MICHAEL          |
| STREET ADDRESS | 2900 NW 36T HST          |
| CITY, ST, ZIP  | MIAMI, FL 33142          |
| TITLE          | P                        |
| NAME           | SEIDLE, MICHAEL          |
| STREET ADDRESS | 2900 NW 36T HST          |
| CITY, ST, ZIP  | MIAMI, FL 33142          |
| TITLE          | DST                      |
| NAME           | SEIDLE, MICHAEL          |
| STREET ADDRESS | 5395 S. UNIVERSITY DRIVE |
| CITY, ST, ZIP  | DAVIE, FL 33028          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |
| TITLE          |                          |
| NAME           |                          |
| STREET ADDRESS |                          |
| CITY, ST, ZIP  |                          |

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02/21/06-80043-019 150.00

**DO NOT WRITE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06 305-673-8000