

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000107131

1. Entity Name
EUROPEAN CARS OF BOCA, INC.



Principal Place of Business
**4453 OAKS CIR.
BOCA RATON, FL 33431-4209**

Mailing Address
**4453 OAKS CIR.
BOCA RATON, FL 33431-4209**



07112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0967436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FINEBERG, LIBO B ESQ.
3500 GATEWAY DR., STE. 201
POMPANO BEACH, FL 33069-4870**

**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 **ANGELO S. TROPEANO**

Signature, typed or printed name of registered agent and title if applicable

(Not Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	TROPEANO, ANGELO S
STREET ADDRESS	4453 OAKS CIR.
CITY - ST - ZIP	BOCA RATON, FL 334314209

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08/05/05-80005-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #