## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 04, 2008 08:00 A Secretary of State **DOCUMENT # P99000107131** EURÓPEAN CARS OF BOCA, INC. Principal Place of Business Mailing Address 4453 OAKS CIR. 4453 OAKS CIR. BOCA RATON, FL 33431-4209 BOCA RATON, FL 33431-4209 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0967436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FINEBERG, LIBO B ESQ. DO NOT WRITE 3500 GATEWAY DR., STE. 201 POMPANO BEACH, FL 33069-4870 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. Signeture, byped or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTSD TITLE TROPEANO, ANGELO S NAME STREET ADDRESS **4453 OAKS CIR.** CITY-ST-ZIP BOCA RATON, FL 334314209 U00000815685 02/14/08-80019-015 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 employered 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

NAME OF SIGNING OFFICER OR DIRECTOR