2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S05675

1. Entity Name PALM AUTO PLAZA, INC.



Principal Place of Business

735 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415 US Mailing Address

551 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415

US

FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90070 001 ***150.00



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0224472

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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The above named e	ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I a	ım 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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 **9.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS City-St-Zip	D KURNICK, ROBERT H 13400 OUTER DRIVE WEST 2555 TELEGRAPHRO. DETROIT, MI 482394001- Bloomfield Hills, MI4830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSO, GLENN 551 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KURNICK, ROBERTH 2555Tetegraph Rd. 19400 OUTER DRIVE WEST DETROIT, ML 482394001 Bloomfield Hills, MI 4830Z
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DIFEO, SAM X JR ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096

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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

465/25

Daytime Phone #