

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84014

FILED
Apr 22, 2008
Secretary of State

Entity Name: FOREIGN CAR SERVICE OF DELRAY, INC.

Current Principal Place of Business:

750 N.E. 8TH AVE.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

750 N.E. 8TH AVE.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0286205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLEY, LAWRENCE M.
61 OREGON LANE
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: POOLEY, LAWRENCE M.,
Address: 750 N.E. 8TH AVE.
City-St-Zip: DELRAY BCH, FL 33483

Title: P () Delete
Name: POOLEY, LAWRENCE M.,
Address: 61 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487

Title: ST () Delete
Name: POOLEY, LAWRENCE M.,
Address: 61 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487

Title: TRS () Delete
Name: POOLEY, MATHEW G TREAS
Address: 61 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: TRS () Delete
Name: POOLEY, MATHEW G TREAS
Address: 61 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487 US

Title: SEC () Delete
Name: POOLEY, CAROL L SECTY
Address: 61 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE M. POOLEY

PRES

04/22/2008

Electronic Signature of Signing Officer or Director

Date