

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 685926

FILED
Apr 04, 2009
Secretary of State

Entity Name: D & L AUTO AND MARINE SUPPLIES, INC.

Current Principal Place of Business:

5601 NW 79TH AVE
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

5601 NW 79TH AVE
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-2033463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGUERO, GLADYS
815 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 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: P () Delete
Name: AGUERO, ELEODORO E.,
Address: 2100 SW 127TH CT
City-St-Zip: MIAMI, FL 33175 US

Title: T () Delete
Name: AGUERO, KIMBERLY D
Address: 3866 NOWLIN ROAD
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change () Addition
Name: BOEHRINGER, KIMBERLY D
Address: 116 LUCAS DRIVE
City-St-Zip: ACWORTH, GA 30102

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: ELEODORO E. AGUERO

PRES

04/04/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date