

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117152

FILED
Mar 25, 2009
Secretary of State

Entity Name: VERA-WILLIAMSON AUTOMOTIVE, INC.

Current Principal Place of Business:

300 S UNIVERSITY DR
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

300 S UNIVERSITY DR
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-1534483 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERA, LOUIS
300 S. UNIVERSITY DR.
PEMBROKE PINES, FL 33025 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/D () Delete
Name: VERA, LOUIS
Address: 300 S UNIVERSITY DR
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VP/D () Delete
Name: WILLIAMSON, GEORGE E II
Address: 7815 SW 104TH STREET
City-St-Zip: MIAMI, FL 33156

Title: VP/D () Delete
Name: WILLIAMSON, GEORGE E III
Address: 7815 SW 104TH STREET
City-St-Zip: MIAMI, FL 33156

Title: T () Delete
Name: REYES, VIVIAN
Address: 300 SO. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: VERA, MARIA M
Address: 300 SO. UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33025

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
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: LOUIS VERA

P/D

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date