

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 08, 2009
Secretary of State**

DOCUMENT# P04000155867

Entity Name: CAPITOL AUTO SALES INC.

Current Principal Place of Business:

1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 56-2490280 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, EDUARDO
1800 MAYPORT ROAD
ATLANTIC BEACH, FL 32233 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

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: MEDINA, EDUARDO A
Address: 1045 MISTIC HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: S/D () Delete
Name: MEDINA, EDUARDO A
Address: 1045 MISTIC HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: T/D () Delete
Name: HEDAR, KHLAF
Address: 4242 EMERALD BAY
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change () Addition
Name: EDUARDO, MEDINA
Address: 1045 MISTIC HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32225

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: EDUARDO MEDINA

P

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date