

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025437

Entity Name: ABC AUTO WHOLESALERS, INC.

FILED  
Mar 12, 2008  
Secretary of State

**Current Principal Place of Business:**

14238 CORKWOOD LANE  
ASTSTULA, FL 34705

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 120941  
CLERMONT, FL 34712

**New Mailing Address:**

FEI Number: 59-3401500

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

QUICKBOOKS SOLUTIONS  
713 N 14TH STREET, #204  
LEESBURG, FL 34748 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: BENEVIDES, PETE  
Address: 14238 CORKWOOD LANE  
City-St-Zip: ASTULA, FL 34705

Title: VP ( ) Delete  
Name: BENEVIDES, KIESHA  
Address: 14238 CORKWOOD LANE  
City-St-Zip: ASTULA, FL 34715

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PETE BENEVIDES

MGRM

03/12/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date