## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000041155

Entity Name: AUTO XCELLENCE, INC.

APOPKA, FL 32712

City-St-Zip:

FILED Apr 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 650 O'SHEA CT APOPKA, FL 32712 **Current Mailing Address: New Mailing Address:** PO BOX 487 PO BOX 487 APOPKA, FL 32712 APOPKA, FL 32704 FEI Number: 20-4559186 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: QUIROS, JOHNNY H 650 O'SHEA CT APOPKA, FL 32712 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition QUIROS, JOHNNY H Name: Name: 650 O'SHEA CT Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition Name: QUIROS, JANIE Name: 650 O'SHEA CT Address: 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: JANIE QUIROS VP 04/01/2009