

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106303

FILED
Apr 15, 2009
Secretary of State

Entity Name: ATLANTIC COAST AUTOMOTIVE, INC.

Current Principal Place of Business:

610 LIDO DRIVE
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

610 LIDO DRIVE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-5589197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A.
100 W CYPRESS CREEK ROAD SUITE 700
FORT LAUDERDALE, FL 33309 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: DPTS () Delete
Name: AHMED, FAISAL
Address: 5455 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: DVP () Delete
Name: AHMED, ALI
Address: 5455 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: LAMBDIN, ROBERT JR
Address: 5455 S. UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328

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:

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: FAISAL AHMED

DPTS

04/15/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date