


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000051509
 1. Entity Name
COMMERCIAL AND INDUSTRIAL AUTOMOTORS, INC.



Principal Place of Business
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI, FL 33131

Mailing Address
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0551057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GY CORPORATE SERVICES, INC
2 SOUTH BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000947402
 06/02/08-80014-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZUCCOLILLO, ANTONIO 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DE ZUCCOLILLO, GLADYS 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZUCCOLILLO, LORENA 2 S BISCAYNE BLVD 1 BISCAYNE TOWER #3400 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO ZUCCOLILLO 4/1/08 305.932.0029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #