


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2008 08:00 A
Secretary of State**

DOCUMENT # 324119 1. Entity Name O & M AUTO SALES INC	
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Principal Place of Business 24201 SW 182 AVE. MIAMI, FL 33031 US	Mailing Address 24201 SW 182 AVE. MIAMI, FL 33031 US
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1209101	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

MORENO, ALBERT
24201 SW 182ND AVE
MIAMI, FL 33031

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MORENO, ALBERT 24201 SW 182ND AVE. MIAMI, FL 33031
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ALEGRIA, MARTA 10103 SW 164TH PLACE MIAMI, FL 33196
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03/26/08-80003-011 150.00

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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: Albert Moreno 3/6/08 Res
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #