

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 520172**

1. Entity Name  
**GUASTELLO AUTO SALES, INC.**



Principal Place of Business  
**924 NW 4T AVE  
FT LAUDERDALE, FL 33304 US**

Mailing Address  
**2800 S OCEAN BLVD  
APT 6L  
BOCA RATON, FL 33432 US**



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1718808**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GUASTELLO, PETER  
2800 S OCEAN BLVD APT 6L  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 PD  
NAME GUASTELLO, PETER  
STREET ADDRESS 2800 S OCEAN BLVD APT 6L  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE VP  
NAME GUASTELLO, ALFRED  
STREET ADDRESS 2800 S OCEAN BLVD APT 6L  
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE  
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01/16/08-80039-006-150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**1/10/08 584-771-1187**