

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 681472**

1. Entity Name  
**CAR SAL, INC.**



Principal Place of Business  
**% SALVATORE BELLASSAI  
3460 NW 35TH STREET  
LAUDERDALE LAKES, FL 33309**

Mailing Address  
**% SALVATORE BELLASSAI  
3460 NW 35TH STREET  
LAUDERDALE LAKES, FL 33309**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**



04212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-1626886</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

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

**BELLASSAI, SALVATORE  
3460 N.W. 35TH ST.  
LAUDERDALE LAKES, FL 33309**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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  
**DP  
BELLASSAI, SALVATORE  
3460 N.W. 35TH ST.  
LAUDERDALE LAKES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
BELLASSAI, SHEILA  
3460 N.W. 35TH ST.  
LAUDERDALE LAKES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000917004  
05/13/08-90024-015 150.00

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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.

*Salvatore Bellassai, Pres.* **SALVATORE BELLASSAI, PRES.** 4/20/08 954-564-8488