


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000006462 1. Entity Name FLORIDA AUTO LIVERY, INC.	
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Principal Place of Business 10802 CEDAR AVE. CLEVELAND, OH 44106	Mailing Address 10802 CEDAR AVE. CLEVELAND, OH 44106
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02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0877797	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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2007 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	DPT ANGELONE, PETER T 10802 CEDAR AVE. CLEVELAND, OH 44106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERICK, JAMES H ESQ. 1350 EATON CENTER, 1111 SUPERIOR AVE. CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS OMERZA, RAPHAEL J 1350 EATON CENTER, 1111 SUPERIOR AVE. CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BURLINGAME, ALEXANDER G 1350 EATON CENTER, 1111 SUPERIOR AVE. CLEVELAND, OH 44114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80071-021 150.00

**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:

Peter T. Angelone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 April 2007

Date

216.421.1101

Daytime Phone #