

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006462

Entity Name: FLORIDA AUTO LIVERY, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

10802 CEDAR AVE.
CLEVELAND, OH 44106

New Principal Place of Business:

10802 CEDAR AVE.
CLEVELAND, OH 44106 US

Current Mailing Address:

10802 CEDAR AVE.
CLEVELAND, OH 44106

New Mailing Address:

10802 CEDAR AVE.
CLEVELAND, OH 44106 US

FEI Number: 65-0877797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: ANGELONE, PETER T
Address: 10802 CEDAR AVE.
City-St-Zip: CLEVELAND, OH 44106

Title: S () Delete
Name: BERICK, JAMES H ESQ.
Address: 1350 EATON CENTER, 1111 SUPERIOR AVE.
City-St-Zip: CLEVELAND, OH 44114

Title: AS () Delete
Name: OMERZA, RAPHAEL J
Address: 1350 EATON CENTER, 1111 SUPERIOR AVE.
City-St-Zip: CLEVELAND, OH 44114

Title: AS () Delete
Name: BURLINGAME, ALEXANDER G
Address: 1350 EATON CENTER, 1111 SUPERIOR AVE.
City-St-Zip: CLEVELAND, OH 44114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PETER
Address: 10802 CEDAR AVE.
City-St-Zip: CLEVELAND, OH 44106 US

Title: D (X) Change () Addition
Name: ANGELONE, PETER T
Address: 10802 CEDAR AVENUE
City-St-Zip: CLEVELAND, OH 44106 US

Title: A (X) Change () Addition
Name: RAPHAEL
Address: 1350 EATON CENTER, 1111 SUPERIOR AVE. CLEV
City-St-Zip: CLEVELAND, OH 44114 US

Title: S (X) Change () Addition
Name: BERICK, JAMES H
Address: 1350 EATON CENTER
City-St-Zip: CLEVELAND, OH 44114 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER T ANGELONE

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date