

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F98000006462

Entity Name: FLORIDA AUTO LIVERY, INC.

FILED  
Jul 16, 2009  
Secretary of State

## Current Principal Place of Business:

10802 CEDAR AVE.  
CLEVELAND, OH 44106 US

## New Principal Place of Business:

## Current Mailing Address:

10802 CEDAR AVE.  
CLEVELAND, OH 44106 US

## New Mailing Address:

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

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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, PRESIDENT

P

07/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date