## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H38899

FILED Apr 29, 2009 Secretary of State

Entity Name: UNITED AUTOMOBILE DEALERS ASSOCIATION OF FLORIDA, INC.

| Current Principal Place of Business:   | New Principal Place o                        | of Business:                         |
|--|--|--------------------------------------|
| P.O. BOX 431464<br>MIAMI, FL 33243   | 5759 BIRD RD<br>MIAMI, FL 33166              |                                      |
| Current Mailing Address:   | New Mailing Address                          | :                                    |
| P.O. BOX 431464<br>MIAMI, FL 33243 US  |  |                                      |
| FEI Number: 59-2504173 FEI Number Applied For ( ) FEI  | Number Not Applicable ( )                    | Certificate of Status Desired ( )    |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent:          |  | New Registered Agent:                |
| STROCHAK, KENNETH A<br>5759 BIRD RD<br>MIAMI, FL 33166 US  |  |                                      |
| The above named entity submits this statement for the purpos in the State of Florida.            | e of changing its registered                 | office or registered agent, or both, |
| SIGNATURE:   |  |                                      |
| Electronic Signature of Registered Agent   |  | Date                                 |
| Election Campaign Financing Trust Fund Contribution ( ).   |  |                                      |
| OFFICERS AND DIRECTORS:  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |
| Title: PVST () Delete Name: STROCHAK, KENNETH Address: 5759 BIRD RD City-St-Zip: MIAMI, FL 33155 | Title: Name: Address: City-St-Zip:           | ()Change ()Addition                  |

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: KEN STROCHAK PVST 04/29/2009