## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K69057

FILED Mar 23, 2009 Secretary of State

Entity Name: A. AA AACHEN ABLE AUTO BUYERS, INC.

Current Principal Place of Business: New Principal Place of Business:

2749 E TAMIAMI TRAIL NAPLES, FL 34112 US

Current Mailing Address: New Mailing Address:

9207 AUTUMN HAZE NAPLES, FL 34109 US

FEI Number: 65-0106496 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:

BEAUDETTE, EILEEN
9207 AUTUMN HAZZ
NAPLES, FL 34109 US

BEAUDETTE, EILEEN
9207 AUTUMN HAZE
NAPLES, FL 34109 US

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: EILEEN BEAUDETTE 03/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BEAUDETTE, ALBERT
 Name:

 Address:
 9207 AUTUMN HAZE
 Address:

 City-St-Zip:
 NAPLES, FL 34109
 City-St-Zip:

Title: P ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 FRENCH, JAMES P.,
 Name:
 FRENCH, JAMES P.

 Address:
 186 SE BEAR PT. DR.
 Address:
 186 S. BEAR PT. DR.

 City-St-Zip:
 LAKE PLACID, FL 33852
 City-St-Zip:
 LAKE PLACID, FL 33852

Title: T ( ) Delete Title: TREA (X) Change ( ) Addition

 Name:
 BEAUDETTE, EILEEN,
 Name:
 BEAUDETTE, EILEEN

 Address:
 AUTUMN HAZE DRIVE
 Address:
 AUTUMN HAZE DRIVE

 City-St-Zip:
 NAPLES, FL
 34109

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: JAMES P FRENCH PRES 03/23/2009