

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M22460

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** COLLEGE AUTO SALES OF FLORIDA, INC.

**Current Principal Place of Business:**

9050 NW 27TH AVE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O M. FIGUEROA, CPA  
308 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

9050 NW 27TH AVE  
MIAMI, FL 33147 US

**FEI Number:** 59-2639297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAMOUN, FADI  
848 BRICKELL KEY DR APT 3702  
MIAMI, FL 33131 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: PVP  
Name: CHAMOUN, FADI  
Address: 848 BRICKELL KEY DR APT 3702  
City-St-Zip: MIAMI, FL 33131

Title: ST  
Name: MOURAD, MAHA  
Address: 520 ENCLAVE CIRCLE WEST  
City-St-Zip: PEMBROKE PINES, FL 330271200

I hereby 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 all other like empowered.

SIGNATURE: FADI CHAMOUN

PVP

04/20/2011

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

\_\_\_\_\_  
Date