2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2009
Secretary of State

DOCUMENT# M94443

Entity Name: FLORIDA AUTOMOBILE FINANCE CORPORATION

Current Principal Place of Business:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2215 N.W. 36TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0070631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADAN, NORMAN L.
2215 N.W. 36TH STREET
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

GAMWELL, TIM
2215 N.W. 36TH STREET
MIAMI, FL 33142 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: TIM GAMWELL 04/25/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: DURHAM, MARIE
Address: 2215 NW 36TH ST.
City-St-Zip: MIAMI, FL 33142

Title: PD ( ) Delete
Name: BETTELLI, RICK
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: SD ( ) Delete
Name: GAMWELL, TIM
Address: 2215 N.W. 36TH STREET
City-St-Zip: MIAMI, FL 33142

Title: C (X) Delete
Name: MADAN, NORMAN
Address: 2215 N.W. 36TH ST.
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TIM GAMWELL S 04/25/2009
Electronic Signature of Signing Officer or Director Date