## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P00000019938

Name:

Address:

City-St-Zip:

FILED Aug 30, 2008 Secretary of State

Entity Name: NEW SYSTEM AUTO SALES INC. **Current Principal Place of Business: New Principal Place of Business:** 2150 SW 56 TERRACE HOLLYWOOD, FL 33023 **Current Mailing Address: New Mailing Address:** 2150 SW 56 TERRACE HOLLYWOOD, FL 33023 FEI Number: 65-0489214 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: GEDEON, ANTOINE 2150 SOUTHWEST 56 TERRACE HOLLYWOOD, FL 33023 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GEDEON, ANTOINE Name: Name: 204 IMMOKALEE DR Address: Address: City-St-Zip: IMMOKALEE, FL 34142 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ETIENNE, JACQUES Name: 15735 NW 10TH STREET Address: Address: PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SEC () Change () Addition ETIENNE, CHEYENNE Name: Name: 7920 TROPICANA STREET Address: Address: City-St-Zip: MIRAMAR, FL 33023 City-St-Zip: Title: () Delete Title: ( ) Change (X) 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.

Name:

Address:

City-St-Zip:

AUDAIN, JOSEPH

18427 NW 11 STREET

PEMBROKE PINES, FL 33029

Ρ SIGNATURE: ETIENNE JACQUES 08/30/2008