2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000001107

Entity Name: MASERATI OF CENTRAL FLORIDA, INC.

FILED Jan 17, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
	DESTINY DRIV D, FL 32810	/E						
Current Mailing Address:				New Mailing Address:				
	DESTINY DRIV D, FL 32810	/E						
FEI Number:		FEI Number Applied For ()	FEI Nun	nber Not Appli	cable (X)	Certific	ate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Addres						of New Reg	gistered Agent:	
450 S ORA	Y, MICHAEL V NGE AVE 8 F), FL 32801	LOOR US						
	named entity s of Florida.	submits this statement for the pu	ırpose o	f changing it	s registere	d office or I	registered agent, or both,	
SIGNATUF								
Electronic Signature of Registered Agent							Date	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () TRIARSI, ONOF 1007 S. ELMOF ELIZABETH, NJ	A STREET		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	S TRIARSI, D 1007 S ELM ELIZABETH		(X) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:		() Change CHRISTINA E DESTINY D FL 32810		

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: ONOFRIO TRIARSI D 01/17/2008