

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000039273

FILED
Mar 18, 2009
Secretary of State

Entity Name: FIRST CLASS AUTO ENTERPRISE, INC.

Current Principal Place of Business:

1711 W WATERS AVE
STE A
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

1711 W WATERS AVE
STE A
TAMPA, FL 33604

New Mailing Address:

FEI Number: 59-3608261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBA, CARLOS H OWNER
11306 HOLLYGLEN DR
TAMPA, FL 33624 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GAMBA, CARLOS H OWNER
Address: 11306 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

Title: D (X) Delete
Name: NIX, JOSEPH COOWNER
Address: 6837 MITCHELL
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GAMBA, CARLOS H OWNER
Address: 11306 HOLLYGLEN DR
City-St-Zip: TAMPA, FL 33624

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: CARLOS GAMBA

P

03/18/2009

Electronic Signature of Signing Officer or Director

Date