


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 015 ***158.75

DOCUMENT # P02000048428	
1. Entity Name CITY AUTOMOTIVE-AVENUES, INC.	

Principal Place of Business 10575 ATLANTIC BLVD JACKSONVILLE, FL 32225	Mailing Address 10575 ATLANTIC BLVD JACKSONVILLE, FL 32225
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40040014



02262008 Chg-P CR2E034 (12/06)

4. FEI Number 82-0589178	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	--

6. Name and Address of Current Registered Agent	
FOREHAND, JOHN W 125 S GADSDEN ST STE 300 TALLAHASSEE, FL 32301	

7. Name and Address of New Registered Agent	
Name <u>John Galeani</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>10585 Atlantic Blvd.</u>	
City <u>Jacksonville</u>	FL <u>32225</u>

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <u>[Signature]</u>	<u>John Galeani</u>	<u>02/26/08</u>
Signature typed or printed name of registered agent and title if applicable.		DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	---------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BRESNAN, WILLIAM ONE MANHATTANVILLE RD PURCHASE, NY 10577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GALEANI, JOHN 10585 ATLANTIC BLVD JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MIGIANO, GREGG 10585 ATLANTIC BLVD JACKSONVILLE, FL 32225 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRESNAN, ROBERT ONE MANHATTANVILLE RD PURCHASE, NY 10577 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GISLASON, PAUL 1505 SQUIRRELS NEST RD KASOTA, MN 56050 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEREDITH, DONALD 40 HANTERN DR MANKATO, MN 56001 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Rosa, Salvatore 10585 Atlantic Blvd. Jacksonville, FL 32225 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE <u>[Signature]</u>	<u>John Galeani, President</u>	<u>02/26/08</u>	<u>904-645-0345</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #