2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048428

Entity Name: CITY AUTOMOTIVE-AVENUES, INC.

FILED Feb 18, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
10575 ATLANTIC BLVD JACKSONVILLE, FL 32225				10585 ATLANTIC BLVD JACKSONVILLE, FL 32225		
Current Mailing Address:			New Maili	New Mailing Address:		
10575 ATLANTIC BLVD JACKSONVILLE, FL 32225				10585 ATLANTIC BLVD JACKSONVILLE, FL 32225		
FEI Number:	82-0589178	FEI Number Applied For ()	El Number Not Appl	plicable () Certificate of Status Desired (X)		
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:		
JACKSONV	ANTIC BLVD. /ILLE, FL 3222 named entity su		pose of changing i	its registered office or registered agent, or both,		
SIGNATUR						
SIGNATOR		Signature of Registered Agent		 Date		
Election Cam		Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DC () EBRESNAN, WILL ONE MANHATTAI PURCHASE, NY	NVILLE RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DP () E GALEANI, JOHN 10585 ATLANTIC JACKSONVILLE,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VCFO () E SALVATORE, RC 10585 ATLANTIC JACKSONVILLE,	BLVD.	Title: Name: Address: City-St-Zip:	VT (X) Change () Addition SALVATORE, ROSA 10585 ATLANTIC BLVD. JACKSONVILLE, FL 32225		
Title: Name: Address: City-St-Zip:	S () E BRESNAN, ROBE ONE MANHATTAI PURCHASE, NY	ERT NVILLE RD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () E GISLASON, PAUI 1505 SQUIRREL KASOTA, MN 56	S NEST RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GISLASON, PAUL H 5919 CANERVILLE ROAD, APT. 214 N OAKS, MN 55127		
Title: Name: Address: City-St-Zip:	D ()E MEREDITH, DON 40 HANTERN DR MANKATO, MN		Title: Name: Address: City-St-Zip:	D (X) Change () Addition MEREDITH, DONALD C 40 HANTERN DR MANKATO, MN 56001		

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: SALVATORE ROSA VT 02/18/2009