


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90029 007 \*\*\*150.00

<b>DOCUMENT # P02000101119</b> 1. Entity Name <b>CHOICE AUTO GROUP, INC.</b>					
Principal Place of Business <b>800 W. CYPRESS CREEK RD. #465 FT LAUDERDALE, FL 33309 US</b>			Mailing Address <b>800 W. CYPRESS CREEK RD. #465 FT LAUDERDALE, FL 33309 US</b>		
2. Principal Place of Business - No P.O. Box # <b>829 NE 1ST AVE.</b> Suite, Apt. #, etc. <b>#3 &amp; #4</b> City & State <b>FT. LAUDERDALE, FL</b> Zip Country <b>33304 USA</b>		3. Mailing Address <b>829 NE 1ST AVE.</b> Suite, Apt. #, etc. <b>#3 &amp; #4</b> City & State <b>FT. LAUDERDALE, FL</b> Zip Country <b>33304 USA</b>			
6. Name and Address of Current Registered Agent  <b>LEGEL, LARRY 800 W. CYPRESS CREEK RD. #470 FT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FERRIGNO, JEAN-LUC J <input type="checkbox"/> Delete 800 W. CYPRESS CREEK RD., SUITE 470 FT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition FERRIGNO, JEAN-LUC J 829 NE 1ST AVE. #3 & #4 FT. LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input type="checkbox"/> Delete LEGEL, LARRY 800 W. CYPRESS CREEK RD., SUITE 470 FT LAUDERDALE, FL 33309		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FERRIGNO, RENATA 829 NE 1ST AVE. #3 & #4 FT. LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



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4. FEI Number **01-0757215** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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:** *Larry Legel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3.5-8**

Date Daytime Phone #