

FILED
Mar 27, 2008 08:00 AM
Secretary of State

1. Entity Name
SCOTTI'S AUTO REPAIR & SALES II, INC.



Mailing Address
2811 BEE RIDGE ROAD
SARASOTA, FL 34239 US

DO NOT WRITE IN THIS SPACE



02232008 No Chg-P CR2E034 (11/05)

4. FBI Number
20-0177584

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHTAY, ESSAF
2811 BEE RIDGE ROAD
SARASOTA, FL 34239

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

~~UNCLASSIFIED~~ DATE 047

~~04-09-08-00115-008 151.00~~

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHTAY, SALIM
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY-ST- ZIP	SARASOTA, FL 34239

TITLE	VP
NAME	CHTAY, GAMAL
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY-ST-ZIP	SARASOTA, FL 34239

TITLE	SEC
NAME	CHTAY, ESSAF
STREET ADDRESS	2811 BEE RIDGE ROAD
CITY - ST - ZIP	SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

3-25-08 (941) 924-5885