

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000147074

**Entity Name:** SZABO AUTO SALES, INC.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

162 MELTON DRIVE  
FT. PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7309  
PT ST LUCIE, FL 349857309

**New Mailing Address:**

**FEI Number:** 81-0638342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SZABO, ALEX S  
534 SE THANKSGIVING AVE  
PT ST LUCIE, FL 34985 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: SZABO, ALEX S  
Address: 162 MELTON DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: TRES  
Name: SZABO, ALEX S  
Address: 162 MELTON DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

I hereby 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 all other like empowered.

SIGNATURE: ALEX S SZABO

PTD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date