

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 07, 2009  
Secretary of State**

DOCUMENT# P04000079566

Entity Name: O & M AUTO SALES & FINANCING, INC.

**Current Principal Place of Business:**

4109 NW 135 ST  
OPA-LOCKA, FL 33054

**New Principal Place of Business:**

4097 NW 135 ST  
OPA-LOCKA, FL 33054

**Current Mailing Address:**

4109 NW 135 ST  
OPA-LOCKA, FL 33054

**New Mailing Address:**

4097 NW 135 ST  
OPA-LOCKA, FL 33054

FEI Number: 20-1158453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EIRAS, MERCEDES  
952 WEST 64 ST  
HIALEAH, FL 33012 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: DP ( ) Delete  
Name: EIRAS, MERCEDES  
Address: 952 W 64 ST  
City-St-Zip: HIALEAH, FL 33012

Title: V ( ) Delete  
Name: LOPEZ, OSIRIS  
Address: 952 WEST 64 ST  
City-St-Zip: HIALEAH, FL 33012

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: OSIRIS LOPEZ

V

11/07/2009

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

\_\_\_\_\_  
Date