

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000087804

**FILED**  
**Nov 17, 2009**  
**Secretary of State****Entity Name:** CASEY AUTO SALES, INC.**Current Principal Place of Business:**20855 NE 16TH AVE C11  
MIAMI, FL 33179**New Principal Place of Business:****Current Mailing Address:**20855 NE 16TH AVE  
#C41  
MIAMI, FL 33179**New Mailing Address:****FEI Number:** 20-1216926**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEVI, YOSSEF PRES  
20855 NE 16TH AVE  
C41  
MIAMI, FL 33179 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:** PRES ( ) Delete  
**Name:** LEVI, YOSSEF  
**Address:** 20855 NE 16 AVE C41  
**City-St-Zip:** MIAMI, FL 33179**Title:** VP (X) Delete  
**Name:** RAIHEL, GREGORY  
**Address:** 20855 NE 16 AVE C41  
**City-St-Zip:** MIAMI, FL 33179**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: YOSSEF LEVI

PRES

11/17/2009

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