


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000094634**


1. Entity Name  
**MACY'S AUTO SALES, INC.**



Principal Place of Business: **11460 E. COLONIAL DR. ORLANDO, FL 32817**

Mailing Address: **11460 E. COLONIAL DR. ORLANDO, FL 32817**

**DO NOT WRITE IN THIS SPACE**



02082008: No. Chg-P: CR2E034 (1/1/05)

4. FEI Number: **20-1267582** Applied For:  Not Applicable:

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

6. Name and Address of Current Registered Agent

**GONZALEZ, NOE PVSTD**  
**5856 LAKE UNDERHILL RD**  
**4**  
**ORLANDO, FL 32807**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining.) DATE \_\_\_\_\_

**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:

U00000829978  
 02/26/08-80065-014 150.00

10. OFFICERS AND DIRECTORS:

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST GONZALEZ, NOE 11460 E. COLONIAL DR. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE 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: *Noe Gomez* **2/8/08** **407 381-3200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_