

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000153026

FILED
Jul 07, 2008
Secretary of State

Entity Name: AUTOMOTIVE WARRANTY ADVISORS, INC.

Current Principal Place of Business:

5101 NW 21ST AVE STE 450
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

2660 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069 US

Current Mailing Address:

5101 NW 21ST AVE STE 450
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

2660 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069 US

FEI Number: 20-1855519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAMONE, WILLIAM J
5101 N.W. 21ST AVENUE
SUITE 450
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

SALAMONE, WILLIAM J
2660 PALM AIRE DRIVE NORTH
POMPANO BEACH, FL 33069 US

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: WILLIAM J SALAMONE

07/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHATZBERG, BRIAN
Address: 140 LEONI DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: VP () Delete
Name: SCHATZBERG, BRIAN
Address: 140 LEONI DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: S () Delete
Name: SCHATZBERG, BRIAN
Address: 140 LEONI DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

Title: T () Delete
Name: SCHATZBERG, BRIAN
Address: 140 LEONI DRIVE
City-St-Zip: ISLAMORADA, FL 33036 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: BRIAN SCHATZBERG

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date