

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155867

FILED  
Mar 06, 2008  
Secretary of State

Entity Name: CAPITOL AUTO SALES INC.

## Current Principal Place of Business:

1800 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233

## New Principal Place of Business:

## Current Mailing Address:

1800 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233

## New Mailing Address:

FEI Number: 56-2490280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEDINA, EDUARDO  
1800 MAYPORT ROAD  
ATLANTIC BEACH, FL 32233 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: EDUARDO, MEDINA  
Address: 272 BEECH BROOK ST.  
City-St-Zip: JACKSONVILLE, FL 32259

Title: S/D ( ) Delete  
Name: MEDINA, EDUARDO A  
Address: 1045 MISTIC HARBOR DR  
City-St-Zip: JACKSONVILLE, FL 32225

Title: T/D ( ) Delete  
Name: EDUARDO, MEDINA  
Address: 272 BEECH BROOK ST.  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T/D (X) Change ( ) Addition  
Name: HEDAR, KHLAF  
Address: 4242 EMERALD BAY  
City-St-Zip: JACKSONVILLE, FL 32277

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: EDUARDO A. MEDINA

P/D

03/06/2008

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

\_\_\_\_\_  
Date