

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000155867

**FILED**  
**May 06, 2010**  
**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

Title: T/D  
Name: EDUARDO, MEDINA  
Address: 1045 MISTIC HARBOR DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

**SIGNATURE:** EDUARDO MEDINA

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05/06/2010

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

\_\_\_\_\_  
Date