2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000055838

Entity Name: CRL AUTO SALES AND REPAIRS, INC

FILED Mar 11, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

5293 SOUTH ORANGE BLOSSOM TRAIL 9401 S. ORANGE AVE ORLANDO, FL 32839 US ORLANDO, FL 32824 US

Current Mailing Address: New Mailing Address:

5293 SOUTH ORANGE BLOSSOM TRAIL 9401 S. ORANGE AVE ORLANDO, FL 32839 ORLANDO, FL 32824 US

FEI Number: 20-2611552 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIVERA, WILLIAM
1201 S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805 US
RIVERA, WILLIAM
5448 HOFFNER AVE
SUITE 203
ORLANDO, FL 32812 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 RIVERA 03/11/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: LABADY, ROBERT Name: LABADY, ROLBERT

Address: 2073 RIVER TREE CIRCLE, APT 202 Address: 2073 RIVER TREE CIRCLE, APT 202

City-St-Zip: ORLANDO, FL 32839 City-St-Zip: ORLANDO, FL 32839

Title: S () Delete Title: () Change () Addition Name: BOTERO, FABIO A Name:

Address: 1412 TIMBERBEND CIRCLE Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 RIVERA-VALENCIA, WILLIAM D
 Name:

 Address:
 5293 SO. ORANGE BLOSSOM TRAIL
 Address:

 City-St-Zip:
 ORLANDO, FL 32809
 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: ROLBERT LABADY P 03/11/2009