

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000084546

Entity Name: FCA WHOLESale REPAIR, INC.

FILED
Aug 07, 2008
Secretary of State

Current Principal Place of Business:

2488 DAVIS BLVD
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

2415 AVONDALE STREET
NAPLES, FL 34112

New Mailing Address:

FEI Number: 14-1933691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROFACA, STEVE
2415 AVONDALE ST
NAPLES, FL 34112 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PROFACA, STEVEN
Address: 2415 AVONDALE STREET
City-St-Zip: NAPLES, FL 34112

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: OFF () Change (X) Addition
Name: PROFACA, KATELYN
Address: 557 N BARFILED DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: OFF () Change (X) Addition
Name: BIECO, JUANA N
Address: 2415 AVONDALE ST
City-St-Zip: NAPLES, FL 34112

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: STEVE PROFACA

CEO

08/07/2008

Electronic Signature of Signing Officer or Director

Date