2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000127495

Address:

City-St-Zip:

50 KINDRED STREET, STE 201

STUART, FL 34994

Entity Name: EDIL'S AUTO CENTER, INC.

FILED Aug 30, 2007 Secretary of State

Entity Nar	ne: EDIL'S A	UTO CENTER, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
50 KINDRED STREET, STE 201 STUART, FL 34994				2301 SE SEAMIST STREET PORT ST. LUCIE, FL 34952	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
50 KINDRED STREET, STE 201 STUART, FL 34994				2301 SE SEAMIST STREET PORT ST. LUCIE, FL 34952	
FEI Number:	20-3520001	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
GUEST, JAMES M 50 KINDRED STREET, STE 201 STUART, FL 34994 US			SUITE 303	50 KINDRED STREET	
	named entity of Florida.	submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:				08/30/2007	
	Electro	nic Signature of Registered Age	nt	Date	
		03(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SANCHEZ, ER	STREET, STE 201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	UBILES-SANC	STREET, STE 201	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (X SANCHEZ, JUA	i) Delete AN G	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ERNESTO SANCHEZ DP 08/30/2007