

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 20, 2008 8:00 am**  
**Secretary of State**

05-20-2008 90005 019 \*\*\*150.00

**DOCUMENT # P06000055665**

1. Entity Name  
**NATIONAL VEHICLE DISCOUNT PROGRAMS, INC.**



Principal Place of Business      Mailing Address

**16393 N.W. 11 STREET**      **16393 N.W. 11 STREET**  
**PEMBROKE PINES, FL 33028**      **PEMBROKE PINES, FL 33028**

**40104382**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04232008      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For

**75-3214370**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRISTODERO, ENID T**  
**16393 N.W. 11 ST**  
**PEMBROKE PINES, FL 33025**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	CRISTODERO, ENID T	
STREET ADDRESS	16393 N.W. 11 STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CHRISTODERO, GERARD	
STREET ADDRESS	16393 N.W. 11TH STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISTODERO, GERARD	
STREET ADDRESS	16393 NW 11th STREET	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: **04/28/08 (954) 443-7611**