

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065597

FILED
Jul 18, 2009
Secretary of State

Entity Name: CASUAL AUTO INC.

Current Principal Place of Business:

4701 S.W. 45TH STREET
BLDG#18 BAY#33
DAVIE, FL 33314

New Principal Place of Business:

1228 S DIXIE HIGHWAY
HOLLYWOOD, FL 33020

Current Mailing Address:

4701 S.W. 45TH STREET
BLDG#18 BAY#33
DAVIE, FL 33314

New Mailing Address:

1228 S DIXIE HIGHWAY
HOLLYWOOD, FL 33020

FEI Number: 76-0827565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMEON, OLGA G
1610 NW 11TH TERR
FT.LAUDERDALE, FL 33311 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 () Delete
Name: SIMOEN, OLGA G
Address: 4701 SW 45TH STREET
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: SIMOEN, OLGA G
Address: 4701 SW 45TH STREET
City-St-Zip: DAVIE, FL 33314

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: OLGA G SIMEON

PDT

07/18/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date