

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90004 042 \*\*\*150.00

**DOCUMENT # P06000081089**  
 1. Entity Name  
 AUTO CITY AMERICA, INC.



Principal Place of Business: 505 E. VINE STREET, KISSIMMEE, FL 34744 US  
 Mailing Address: 505 E. VINE STREET, KISSIMMEE, FL 34744 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



01232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
 FIGUEROA, MARTIN  
 13544 LARSEN LN  
 WINTER GARDEN, FL 34787

4. FEI Number: 20-5041249  
 Applied For: Not Applicable

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: MELLA, TITO C STREET ADDRESS: 13908 HUNTWICK DRIVE CITY-ST-ZIP: ORLANDO, FL 32837 <input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: MARTINEZ, WILLIAM STREET ADDRESS: 1883 ISLAND WALK DRIVE CITY-ST-ZIP: ORLANDO, FL 32824 <input type="checkbox"/> Delete		TITLE: PRESIDENT NAME: MARTINEZ, WILLIAM STREET ADDRESS: 1883 ISLAND WALK DR CITY-ST-ZIP: ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S NAME: MELECIO, CARMEN STREET ADDRESS: 1883 ISLAND WALK DRIVE CITY-ST-ZIP: ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete		TITLE: SECRETARY NAME: ELIU MARTINEZ STREET ADDRESS: 1461 CEDAR LAKE DR CITY-ST-ZIP: ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: T NAME: FIGUEROA, MARTIN G STREET ADDRESS: 13544 LARSEN LANE CITY-ST-ZIP: WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete		TITLE: VICE-PRESIDENT NAME: FIGUEROA, MARTIN G. STREET ADDRESS: 13544 LARSEN LANE CITY-ST-ZIP: WINTER GARDEN FL 34787 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *[Signature]* DATE: 4/23/07 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR