2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 03, 2008 8:00 am Secretary of State

DOCUMENT # P07000030911 1. Enlity Name CAV ANGEL AUTO GROUP, INC.							07-03-2008	90015 011 **	*150.00
Principal Place	of Sucinoss	Mailing Address				3~-			
4909 E. BAY TAMARAC, FL	BERRY LANE	Mailing Address 4909 E. BAYBERRY LANE TAMARAC, FL 33319						PR (18(68) (1)88)	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				06162008	Chg-P	CR2E034 (12/	06)
City & State	•	City & State				4. FEI Number			Applied For Not Applicable
Zip	Country	Zip	Coun	try			of Status Desired	□ \$8.75	Additional
	6. Name and Address of Current	Registered Agent	l			7 Name and	Address of New Re		Julied
	J. Harris and Address of Childric	Brateria rigent		Name		· · · · · · · · · · · · · · · · · · ·	riduida di How Ri	-States of Whelif	
D'AMICO, JOSEPH 4909 E. BAYBERRY LANE TAMARAC, FL 33319				Street Address (P.O. Box Number is Not Acceptable)					
IAMAIVA	, 1 2 33313			,					
				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_ Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Finance Trust Fund Contribution.						.00 May Be ed to Fees	In accordance w corporation did i	vith s. 607.193(2 not receive the p	(b), F.S., the nor notice.
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS.	CHANGES TO OFFI	CERS AND DIREC	TORS IN 11
TITLE	P	☐ Delete	TITL	E				☐ Ch	ange Addition
NAME	D'AMICO, JOSEPH		NAME						
STREET ADDRESS	4909 E. BAYBERRY LANE			ET ADDRESS					
CITY-ST-ZIP	TAMARAC, FL 33319			-\$1-ZIP					
TITLE NAME	D'AMICO, MARY	☐ Delete	TITLI		57	21 D'A	MICO	I Ch	ange 🔲 Addition
STREET ADDRESS	4909 E. BAYBERRY LANE			EET ADDRESS	490	09 E.	MICO BAYBERR	YAA	
CITY-S1-ZIP	TAMARAC, FL 33319		CITY	-S1-ZIP	TA	MARA	C, FL	33319	
TITLE		☐ Delete	TITL.	E				□ Ch	ange 🔲 Addition
NAME			NAM	-					
STREET ADDRESS CITY-ST-ZIP	1			EFT ADDÆESS /-51-ZIP				-	
		——————————————————————————————————————						/ n	
TITLE NAME		☐ Delete	TITL NAM					Ch	ange
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	.E				☐ Ch	ange Addition
NAME			NAM						
STREET ADDRESS CITY-ST-ZIP			•	EET ADORESS (-ST-ZIP					
			IITL		_				ange 🔲 Addition
TITLE NAME		Delete	NAA						ango LI Moonton
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			CITY	/-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify t	for the ex	emptions co	ontaine	d in Chapter 11	9, Florida Statutes. I	further certify that	the information

Interest certify that the information supplied with this filling 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 office 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 attractment with an address, with all other like empowered.

SIGNATURE

JOSEPH D'AMILO

954-445-2022