

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# P07000082100

Entity Name: PRICELESS AUTO SALES, CORP.

Current Principal Place of Business:

11719 US HWY 92 E., STE. B
SEFFNER, FL 33584

New Principal Place of Business:

Current Mailing Address:

11719 US HWY 92 E., STE. B
SEFFNER, FL 33584

New Mailing Address:

FEI Number: 39-8013894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAVAREZ, NELSON J
11719 US HWY 92 E., STE. B
SEFFNER, FL 33584 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

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: TAVAREZ, NELSON J
Address: 11719 US HWY 92 E., STE. B
City-St-Zip: SEFFNER, FL 33584

Title: MD () Delete
Name: TAVAREZ, NELSON
Address: 2701 KING SURREY CT.
City-St-Zip: VALRICO, FL 33596

Title: M () Delete
Name: TAVAREZ, ARNELLY
Address: 2701 KING SURREY CT.
City-St-Zip: VALRICO, FL 33596

Title: M () Delete
Name: TAVAREZ, ROSA A
Address: 2701 KING SURREY CT.
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TAVAREZ ROSA

M

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date