

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02102008 Chg-P CR2E034 (12/08)

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|---|---|---|---|
| DOCUMENT # P07000082100 | | | |
| 1. Entity Name PRICELESS AUTO SALES, CORP. | | | |
| Principal Place of Business 2102 VALLEYBROOK AVE. VALRICO, FL 33594 | | Mailing Address 2102 VALLEYBROOK AVE. VALRICO, FL 33594 | |
| 2. Principal Place of Business - No P.O. Box # 11719 US Hwy 92 E Suite, Apt. #, etc. Suite B City & State Seffner, Florida Zip 33584 | | 3. Mailing Address 11719 US Hwy 92 E Suite, Apt. #, etc. Suite B City & State Seffner, Florida Zip 33584 | |
| Country Hillsborough | | Country Hillsborough | |
| 4. FFL Number 09-8013894 | | Amended For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required* | | | |
| 6. Name and Address of Current Registered Agent RAMOS, JOSE S 2102 VALLEYBROOK AVE. VALRICO, FL 33594 | | 7. Name and Address of New Registered Agent Name TAVAREZ, NELSON J. Street Address (P.O. Box Number if Not Applicable) 11719 US HWY 92 E STE B City SEFFNER FL Zip Code 33584 | |
| 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 _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PD GARCIA, CARLOS R 2102 VALLEYBROOK AVE. VALRICO, FL 33594 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | STD TAVAREZ, NELSO 2102 VALLEYBROOK AVE. VALRICO, FL 33594 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | PST TAVAREZ, NELSON Jose 11719 US Hwy 92E STE B SEFFNER, FL 33584 Member, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | Nelson TAVAREZ 2701 King Surrey Ct. Valrico, FL 33596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | Member ARNOLLY TAVAREZ 2701 King Surrey Ct. Valrico, FL 33596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-ZIP | Member ROSA A. TAVAREZ 2701 King Surrey Ct. Valrico, FL 33596 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-STATE-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 in an affidavit with my address, with all other like empowered. | | | |
| SIGNATURE: | | 3-21-08 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Printed | |