2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082100

TAVAREZ, ROSA A

VALRICO, FL 33596

2701 KING SURREY CT.

Name: Address:

City-St-Zip:

Entity Name: PRICELESS AUTO SALES, CORP.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11719 US HWY 92 E., STE. B 11719 US HWY 92 E. SEFFNER, FL 33584 STE B SEFFNER, FL 33584 **Current Mailing Address: New Mailing Address:** 11719 US HWY 92 E., STE. B 11719 US HWY 92 E. SEFFNER, FL 33584 STE B SEFFNER, FL 33584 FEI Number: 39-8013894 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TAVAREZ, NELSON J TAVAREZ, NELSON J 11719 US HWY 92 E., STE. B 11719 US HWY 92 E. SEFFNER, FL 33584 STE B SEFFNER, FL 33584 US 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: NELSON TAVAREZ 04/22/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition TAVAREZ, NELSON J Name: Name: 11719 US HWY 92 E., STE. B Address: Address: City-St-Zip: SEFFNER, FL 33584 City-St-Zip: Title: MD Title: () Delete () Change () Addition Name: TAVAREZ, NELSON Name: 2701 KING SURREY CT. Address: Address: VALRICO, FL 33596 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition TAVAREZ, ARNELLY Name: Name: 2701 KING SURREY CT. Address: Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NELSON TAVAREZ **PST** 04/22/2009