


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90009 013 \*\*\*158.75

<b>DOCUMENT # P07000132100</b> 1. Entity Name <b>ALPHA &amp; OMEGA AUTOMOTIVE SALES INC</b>					
Principal Place of Business <b>442 NW LAKE WHITNEY DRIVE</b> <b>PORT SAINT LUCIE, FL 34953</b>			Mailing Address <b>442 NW LAKE WHITNEY DRIVE</b> <b>PORT SAINT LUCIE, FL 34953</b>		
2. Principal Place of Business - No P.O. Box # <b>442 NW LAKE WHITNEY DRIVE</b>			3. Mailing Address <b>SAME</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>Port St. Lucie Florida</b>			City & State 		
Zip <b>34986</b>		Country <b>St. Lucie</b>		Zip <b>34986</b>	
Country 		Country 		4. FEI Number <b>26-1572122</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LANCIERI, MARIO G</b> <b>1710 SW MOCKINGBIRD LANE</b> <b>PORT SAINT LUCIE, FL 34986</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>P</b> NAME <b>LANCIERI, MARIO G</b> STREET ADDRESS <b>1710 SW MOCKINGBIRD LANE</b> CITY - ST - ZIP <b>PORT SAINT LUCIE, FL 34986</b>	<input type="checkbox"/> Delete		TITLE  NAME  STREET ADDRESS  CITY - ST - ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VP</b> NAME <b>TUCKER, RICHARD M</b> STREET ADDRESS <b>2401 SW ABERDEEN STREET</b> CITY - ST - ZIP <b>PORT SAINT LUCIE, FL 34953</b>	<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	
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	
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.					
<b>SIGNATURE:</b> <u>Richard M Tucker</u> <b>2/12/08</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Daytime Phone # _____					