## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000070143

Entity Name: AUTO-SIB, INC.

City-St-Zip:

JACKSONVILLE, FL 32224

FILED Apr 30, 2009 Secretary of State

| Current P                                     | rincipal Plac               | e of Business:                                       | New Principal Place of Business:            |  |  |
|---|-----------------------------|--|---|--|--|
|   | I AVENUE SC<br>IVILLE BEACH |  |   |  |  |
| Current Mailing Address:                      |                             |  | New Mailing Address:                        |  |  |
|   | KANI WAY<br>IVILLE, FL 32   | 246  |   |  |  |
| FEI Number                                    | : 26-3048696                | 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:   |  |  |
| JACKSON The above                             | ĆANI WAY<br>IVILLE, FL 32   |  | purpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATUI                                      | RE:                         |  |   |  |  |
|   | Electro                     | nic Signature of Registered Ag                       | ent   | Date   |  |
| Election Ca                                   | mpaign Financir             | ng Trust Fund Contribution ( ).                      |   |  |  |
| OFFICERS AND DIRECTORS:                       |                             |  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MANAEVA, LÀ                 | ROP COVE DRIVE                                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:                   | MENDZEBRO'                  | ) Delete<br>VSKIY, VADIM<br>N PARK DRIVE N APPT #127 | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                      |  |

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: LARISA MANAEVA P 04/30/2009