# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2009**
**Secretary of State**

DOCUMENT# P08000079573

**Entity Name:** D S A AUTO SALES & REPAIR INC.

**Current Principal Place of Business:**

3720 A OLD WINTER GARDEN RD
A
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

3720 A OLD WINTER GARDEN RD
A
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number: 26-3257225** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DERICE, SERVIDIEU
2444 MYAKKA DR
ORLANDO, FL 32839 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: ALPHONSE, BARABE
Address: 6144 BONNIE BROOK BLVD
City-St-Zip: ORLANDO, FL 32809

Title: VP ( ) Delete
Name: DAREUS, KETTIE
Address: 814 BORDERS CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: DERICE, SERVIDIEU
Address: 2444 MYAKKA DR
City-St-Zip: ORLANDO FL, FL 32839

Title: TRE ( ) Delete
Name: RICOT, ALPHONSE
Address: 6144 BONNIE BROOK BLVD
City-St-Zip: ORLANDO, FL 32809

Title: A.SE ( ) Delete
Name: DAREUS, KETTIE
Address: 814 BORDERS CIRCLE
City-St-Zip: ORLANDO, FL 32808

Title: A.TR ( ) Delete
Name: DERICE, SEVIDIEU
Address: 2444 MAYAKA DR
City-St-Zip: ORLANDO, FL 32839

**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:

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: ALPHONSE BARABE P 04/25/2009

Electronic Signature of Signing Officer or Director — Date