2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084612

RODRIGUEZ, JIMMY SR.

() Delete

350 CERVANTES DR

KISSIMMEE, FL 34743

Name:

Title:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

FILED Jan 08, 2009 Secretary of State

Entity Na	me: AUTO MA	ARKET OF FLORIDA, CORP.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
365 W. TAFT VINELAND RD 106B						
	D, FL 32824					
Current M	lailing Addres	ss:	New Mailing Address:			
P.O. BOX KISSIMME	450463 E, FL 34745					
FEI Number: 26-3367938 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desir		red ()		
Name and	Address of C	Current Registered Agent:	Name and Address of New Registered Agent:			
3158 FAIR KISSIMME The above	, ARMANDO S FIELD DR. EE, FL 34743 named entity s e of Florida.	SR. US submits this statement for the p	urpose of changing i	ts registered	d office or registered agent	t, or both,
SIGNATU						
	Electror	ic Signature of Registered Age	nt		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGE	S TO OFFICERS AND D	IRECTORS
Title: Name: Address: City-St-Zip:	PD () RODRIGUEZ, J 350 CERVANTE KISSIMMEE, FI	ES DR	Title: Name: Address: City-St-Zip:			
Title: Name: Address: City-St-Zip:	VP () RODRIGUEZ, J 350 CERVANTE KISSIMMEE, F	ES DR	Title: Name: Address: City-St-Zip:			
Title [.]	TRES (Delete	Title [.]	VP	(X) 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:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: JIMMY RODRIGUEZ PR 01/08/2009

RODRIGUEZ, JIMMY SR.

() Change (X) Addition

350 CERVANTES DR

TRES

KISSIMMEE, FL 34743

RODRIGUEZ, JIMMY SR.

350 CERVANTED DR.

KISSIMME, FL 34743