

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000053513

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** HIGH QUALITY AUTO SALES CORP.

**Current Principal Place of Business:**

505 PLUMOSA AVE  
A  
CASSELBERRY, FL 32701

**New Principal Place of Business:**

1531 PARK COMMERCE CT  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

201 LITTLE HAMPTON CLOSE  
LONGWOOD, FL 32779

**New Mailing Address:**

1531 PARK COMMERCE CT  
SAINT CLOUD, FL 34769

**FEI Number:** 27-0401394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICKHAIL, AMGAD N  
505 PLUMOSA AVE  
CASSELBERRY, FL 32701 US

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

MICKHAIL, AMGAD N  
1531 PARK COMMERCE CT  
SAINT CLOUD, FL 34769 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:

01/16/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: JR  
Name: MICKHAIL, AMGAD N  
Address: 1531 PARK COMMERCE CT  
City-St-Zip: SAINT CLOUD, FL 34769

I hereby 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 all other like empowered.

SIGNATURE: AMGAD G MICKHAIL

JR

01/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date