

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000063188

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** POOR MAN'S AUTO SALES & REPAIR INC.

**Current Principal Place of Business:**

2454 BRAMAN AVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3733 S.E. 12TH AVENUE  
CAPE CORAL, FL 33904

**New Mailing Address:**

2454 BRAMAN AVE  
FORT MYERS, FL 33901

**FEI Number:** 90-0504942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELBADAWY, MOHAMED  
3733 SE 12TH AVE  
CAPE CORAL, FL 33904 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ELBADAWY, MOHAMED  
**Address:** 3733 SE 12TH AVE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** VP  
**Name:** PROANO, STEPHANY  
**Address:** 3733 S.E. 12TH AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** MOHAMED ELBADAWY

P

03/07/2012

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

\_\_\_\_\_  
Date