

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000090357

**FILED**  
**Jan 28, 2010**  
**Secretary of State**

**Entity Name:** CERTIFIED AUTO RECOVERY SERVICE, INC.

**Current Principal Place of Business:**

1111 EAST CASS STREET  
TAMPA, FL 33602 US

**New Principal Place of Business:**

10009 N. FLORIDA AVE.  
TAMPA, FL 33612 US

**Current Mailing Address:**

1111 EAST CASS STREET  
TAMPA, FL 33602 US

**New Mailing Address:**

P.O. BOX 18877  
TAMPA, FL 33679 US

**FEI Number:** 01-0938059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROESTOPOULOS, ANGELO  
1111 EAST CASS STREET  
TAMPA, FL 33602 US

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

BROD, SHERMAN M ATTY  
213 E. DAVIS BLVD.  
TAMPA, FL 33606 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: SHERMAN M. BROD

01/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: COLLADO, KENNETH  
Address: 10009 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33612 US

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: KENNETH COLLADO

DPST

01/28/2010

Electronic Signature of Signing Officer or Director

Date