2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2012
Secretary of State

DOCUMENT# P11000079250

Entity Name: THE CARMAXX REPO OUTLET INC

Current Principal Place of Business:

193 COVE ROAD
GREENACRES, FL 33463 US

New Principal Place of Business:

624 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

Current Mailing Address:

193 COVE ROAD
GREENACRES, FL 33463 US

New Mailing Address:

624 S. MILITARY TRAIL
WEST PALM BEACH, FL 33415 US

FEI Number: 45-3204158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTANO-ECHEVERRY, LAURA Y
193 COVE ROAD
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

CASTANO-ECHEVERRY, LAURA Y
193 COVE ROAD
GREENACRES, FL 33413 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: LAURA Y. CASTANO-ECHEVERRY 03/27/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: CASTANO-ECHEVERRY, LAURA Y
Address: 193 COVE ROAD
City-St-Zip: GREENACRES, FL 33413 US

Title: VP
Name: CASTANO-ECHEVERRY, LAURA Y
Address: 193 COVE ROAD
City-St-Zip: GREENACRES, FL 33413 US

Title: T,S
Name: CASTANO-ECHEVERRY, LAURA Y
Address: 193 COVE ROAD
City-St-Zip: GREENACRES, FL 33413 US

Title: D
Name: CASTANO-ECHEVERRY, LAURA Y
Address: 193 COVE ROAD
City-St-Zip: GREENACRES, FL 33413 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: LAURA Y. CASTANO-ECHEVERRY PD 03/27/2012
Electronic Signature of Signing Officer or Director Date