

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000009490 1. Entity Name CORVINO AUTOMOTIVE, INC.	
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Principal Place of Business 11900 WILES RD. CORAL SPRINGS FL 33076 US	Mailing Address 11900 WILES RD. CORAL SPRINGS FL 33076 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE	CR2E034 (10/07)
4. FEI Number 65-0384260	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORVINO, FRANK 6067 NW 90TH AVE PARKLAND FL 33067	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with and accept the obligations of registered agent.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable.	DATE _____ (NOTE: Registered Agent Signature required when not state agent)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORVINO, FRANK 6067 NW 90TH AVE. PARKLAND FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORVINO, FRANK JR. 2022 ALTA MEADOWS LANE #6110 DELRAY BEACH FL 33444 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD CORVINO, TAMARA 6067 NW 90TH AVE PARKLAND FL 33067 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information in this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 or on an attachment with an address, with all other like empowered.

IRE: Tamara Corvino 3-17-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR