## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P94000066598

Entity Name: LIZARDO'S AUTO SALES INC

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2385 W. HWY 441 APOPKA, FL 32712 US

Current Mailing Address: New Mailing Address:

114 BAYBERRY ROAD
ALTAMONTE SPRINGS, FL 32714 US
2385 W. ORANGE BLOSSOM TRAIL
APOPKA, FL 32712 US

FEI Number: 59-3263917 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

LIZARDO, JUAN Z

114 BAYBERRY RD

ALTAMONTE SPRINGS, FL 32714 US

LIZARDO, DAVID

2934 BENT BOW LANE

MIDDLEBURG, FL 32068 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: DAVID LIZARDO 07/22/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 LIZARDO, JUAN Z
 Name:
 LIZARDO, DAVID

 Address:
 114 BAYBERRY ROAD
 Address:
 2934 BENT BOW LANE

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:
 MIDDLEBURG, FL 32068

Title: VP (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LIZARDO, EUNICE R
 Name:

 Address:
 114 BAYBERRY RD
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32714
 City-St-Zip:

Title: ST (X) Delete Title: ( ) Change ( ) Addition

| Name: LIZARDO, JUNNILENNY R | Name: Address: 114 BAYBERRY RD | Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 | City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID LIZARDO PRES 07/22/2009