

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066609

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: AUTO SALES INTERNATIONAL, INC.

## Current Principal Place of Business:

521 NE 26TH AVE  
POMPANO BCH, FL 33062 US

## New Principal Place of Business:

1565 N. DIXIE HWY UNIT B24  
POMPANO BCH, FL 33060 US

## Current Mailing Address:

521 NE 26TH AVE  
POMPANO BCH, FL 33062 US

## New Mailing Address:

FEI Number: 65-0523472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MULLIN, JAMES G  
2263 NW BOCA RATON BLVD. STE. 205  
BOCA RATON, FL 33431 US

## Name and Address of New Registered Agent:

MULLIN, JAMES G  
500 NE 5TH AVE, ST 2B  
DELRAY BEACH, FL 33483 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: \_\_\_\_\_

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: TOMASSETTI, PETER  
Address: 521 NE 26TH AVE  
City-St-Zip: POMPANO BCH, FL 33062

Title: D (X) Delete  
Name: QUESADA, SHERYLD  
Address: 521 NE 26TH AVE.  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: TOMASSETTI, PETER C DP  
Address: 521 NE 26TH AVE  
City-St-Zip: POMPANO BCH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: PETER C. TOMASSETTI

DP

04/20/2009

Electronic Signature of Signing Officer or Director

Date