

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000078226

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: STATEWIDE AUTO UPHOLSTERY, INC.

## Current Principal Place of Business:

1696 OLD OKEECHOBEE ROAD  
1J  
W PALM BEACH, FL 33409

## New Principal Place of Business:

## Current Mailing Address:

1696 OLD OKEECHOBEE ROAD  
1J  
W PALM BEACH, FL 33409

## New Mailing Address:

FEI Number: 65-0649252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KARPEICHIK, LARRY  
1696 OLD OKEECHOBEE RD.  
J1  
WEST PALM BEACH, FL 33409 US

## Name and Address of New Registered Agent:

KARPEICHIK, LEONARD  
1696 OLD OKEECHOBEE RD.  
J1  
WEST PALM BEACH, FL 33409 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: LEONARD KARPEICHIK

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: KARPEICHIK, LARRY  
Address: 1696 OLD OKEECHOBEE RD #1-J  
City-St-Zip: W PALM BEACH, FL 33409

Title: VT ( ) Delete  
Name: KARPEICHIK, LEONARD  
Address: 1696 OLD OKEECHOBEE RD #1-J  
City-St-Zip: WEST PALM BEACH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: KARPEICHIK, LEONARD  
Address: 1696 OLD OKEECHOBEE RD #1-J  
City-St-Zip: W PALM BEACH, FL 33409

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: LEONARD KARPEICHIK

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date