

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000064648

FILED
Jun 26, 2009
Secretary of State**Entity Name:** FIRST CLASS AUTO WHOLESALE, INC.**Current Principal Place of Business:**2415 AVONDALE ST.
SUITE #102
NAPLES, FL 34112**New Principal Place of Business:**1652 AVONDALE ST.
NAPLES, FL 34112**Current Mailing Address:**2415 AVONDALE ST
NAPLES, FL 34112**New Mailing Address:**1652 AVONDALE ST.
NAPLES, FL 34112**FEI Number:** 59-3472413**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PROFACA, STEVEN
557 N BARFIELD DR
MARCO ISLAND, FL 34145 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PROFACA, STEVEN
Address: 557 N BARFIELD DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: T () Delete
Name: PROFACA, STEVEN
Address: 557 N BARFIELD DR
City-St-Zip: MARCO ISLAND, FL 34145

Title: O (X) Delete
Name: PROFACA, KATELYN
Address: 557 N BARFIELD DR
City-St-Zip: MARCO ISLAND, FL 34112

Title: O (X) Delete
Name: BIECO, JUANA N
Address: 2415 AVONDALE ST
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN PROFACA

P

06/26/2009

Electronic Signature of Signing Officer or Director

Date