2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000061966

COLON, JOSE L

ORLANDO, FL 32812

4900 S. ORANGE BLOSSOM TRAIL

Name:

Address:

City-St-Zip:

FILED May 19, 2007 Secretary of State

Entity Name: PEOPLE'S CHOICE AUTO SALES, INC.						
Current Principal Place of Business:			New Prin	New Principal Place of Business:		
1043 S. OR ORLANDO		SSOM TRAIL				
Current Mailing Address:			New Mail	New Mailing Address:		
1043 S. OR ORLANDO	RANGE BLOS , FL 32805	SSOM TRAIL				
FEI Number:	59-3524600	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
COLON, JOSE L 1043 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US				APONTE, ALBERTO 1043 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32805 US		
The above in the State		submits this statement for the p	ourpose of changing	its register	ed office or registered agent, or both,	
SIGNATURE: ALBERTO APONTE				05/19/2007		
	Electro	onic Signature of Registered Age	ent		Date	
Election Carr	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (ROSARIO, MA 3756 SEMINO ORLANDO, FI	LE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (ROSARIO, MA 3756 SEMINO ORLANDO, FI	LE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	Т () Delete	Title:	Т	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

APONTE, ALBÉRTO

17417 MARSH ROAD

WINTER GARDEN, FL 34787

SIGNATURE: MARISOL ROSARIO OD 05/19/2007