

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 23, 2009
Secretary of State**

DOCUMENT# P99000075133

Entity Name: GAL AUTO SALES, INC.

Current Principal Place of Business:

7917 LEO KIDD AVENUE
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

9216 GRAY FOX LANE
PORT RICHEY, FL 34668

New Mailing Address:

FEI Number: 59-3594199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAL, BELA
9216 GRAY FOX LANE
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

PORCSIN, KALMAN
7917 LEO KIDD AVE.
PORT RICHEY, FL 34668 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: KALMAN PORCSIN 04/23/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GAL, BELA
Address: 9216 GRAY FOX LANE
City-St-Zip: PORT RICHEY, FL 34668

Title: V () Delete
Name: PORCSIN, KALMAN
Address: 7059 SYBILLA STREET APT #3
City-St-Zip: FOREST HILLS, NY 11375

Title: TS () Delete
Name: FALUDA, GEZA
Address: 3122 42ND STREET APT #21
City-St-Zip: ASTORIA, NY 11103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORCSIN, KALMAN
Address: 7059 SYBILLA STREET APT#3
City-St-Zip: FOREST HILLS, NY 11375

Title: VT (X) Change () Addition
Name: FALUDY, GEZA
Address: 31-22 42ND STREET APT#21
City-St-Zip: ASTORIA, NY 11103

Title: S (X) Change () Addition
Name: GAL, BELA
Address: 9216 GRAY FOX LANE
City-St-Zip: PORT RICHEY, FL 34668

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: KALMAN PORCSIN PD 04/23/2009
Electronic Signature of Signing Officer or Director Date