


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S45660		
1. Entity Name M.C.M. AUTO SALES, INC.		

FILED

08 MAR 18 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 9857 NW SOUTH RIVER DR. SUITE 3 MEDLEY, FL 33166 US	Mailing Address 9857 NW SOUTH RIVER DR. SUITE 3 MEDLEY, FL 33166 US
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2. Principal Place of Business - No P.O. Box # 9657 NW South River Dr. Suite, Apt., #, etc. #5 City & State Medley, FL Zip 33166	3. Mailing Address 9657 NW South River Dr. Suite, Apt., #, etc. #5 City & State Medley, FL Zip 33166
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03172008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0267910	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACHADO, MARTA 230 S. DIXIE HWY HOLLYWOOD, FL 33020	7. Name and Address of New Registered Agent Name Address only Street Address (P.O. Box Number is Not Acceptable) 9657 NW South River Dr. #5 City Medley FL Zip Code 33166
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8. 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. I am familiar with, and accept the obligations of registered agent.

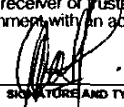
SIGNATURE  DATE _____

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, MARTA 9657 NW SOUTH RIVER DRY, #5 MEDLEY, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300121257763 03/25/08--01058--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACHADO, MARIO 9657 NW SOUTH RIVER DRY., #5 MEDLEY, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR