2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S81165

LOPRESTI, DAVID

VERO BEACH, FL 32962 US

469 10TH CT.

Name:

Address:

City-St-Zip:

Entity Name: LOPRESTI SPEED MERCHANTS, INC.

FILED Apr 16, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	PORT N. DR ACH, FL 3296	0 US	210 AIRPORT DRIVI SEBASTIAN, FL 329		
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2620 AIRPORT N. DR VERO BEACH, FL 32960 US			210 AIRPORT DRIVE EAST SEBASTIAN, FL 32958 US		
FEI Number	: 65-0295298	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
LOPRESTI, CURTIS 2620 AIRPORT NORTH DRIVE VERO BEACH, FL 32960 US			LOPRESTI, CURTIS 210 AIRPORT DRIVI SEBASTIAN, FL 329	E EAST	
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				04/16/2009	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	V (LOPRESTI, JA 5670 36TH LN VERO BEACH,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (LOPRESTI, CU 906 TIDES RO VERO BEACH,	AD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (LOPRESTI, MA 516 HONEYSU VERO BEACH,	ICKLE LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	Т () Delete	Title:	() 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:

SIGNATURE: CURTIS LOPRESTI P 04/16/2009