

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000138457

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: DEALER MOTOR VEHICLE REBUILT INC

**Current Principal Place of Business:**

4365 E 10TH LANE  
HIALEAH, FL 33013

**New Principal Place of Business:**

**Current Mailing Address:**

4365 E 10TH LANE  
HIALEAH, FL 33013

**New Mailing Address:**

FEI Number: 20-1715250      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FONTELA, HECTOR  
910 BAY DRIVE EAST  
APT 32  
MIAMI BEACH, FL 33141 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FONTELA, HECTOR  
Address: 910 BAY DRIVE EAST APT 32  
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete  
Name: BROUSSALIS, TERESITA M  
Address: 833 NE 3RD AVE  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: HECTOR FONTELA

P

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date