

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90054 007 ***150.00

DOCUMENT # 333974
 1. Entity Name
 ORLANDO AUTO PARTS & SERVICE INC



Principal Place of Business
 20 W. LUCERNE CIR.
 #609
 ORLANDO, FL 32801

Mailing Address
 20 W. LUCERNE CIR.
 #609
 ORLANDO, FL 32801

50004994



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01102005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
 59-1220607
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 PASKIN, SAM
 1092 B EAST MICHIGAN STREET
 ORLANDO, FL 32806

7. Name and Address of New Registered Agent
 Name PASKIN, SAM
 Street Address (P.O. Box Number is Not Acceptable)
 20 W. LUCERNE CIRCLE
 #609
 City ORLANDO FL Zip Code 32801

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	STD	<input type="checkbox"/> Delete
NAME	PASKIN, SYLVIA	
STREET ADDRESS	20 W. LUCERNE CIR #609	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKIN, STEVEN	
STREET ADDRESS	20152 GLACIER CIRCLE	
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92646	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASKIN, RICHARD	
STREET ADDRESS	601 ELMWOOD	
CITY-ST-ZIP	WILMETTE, ILL 00000,	
TITLE	PVD	<input type="checkbox"/> Delete
NAME	PASKIN, SAM	
STREET ADDRESS	20 W. LUCERNE CIR #609	
CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sylvia Paskin*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #