

2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90086 035 ***150.00

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

Principal Place of Business 3400 S. ORANGE AVE. ORLANDO, FL 32806	Mailing Address 3400 S. ORANGE AVE. #609 ORLANDO, FL 32806
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1920 Chestnut Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Apt. 203
City & State	City & State Glenview, IL
Zip Country	Zip Country 60025 USA



04132008	Chg-P	CR2E034 (12/06)
4. FEI Number 59-1220607	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent NRAI SERVICES INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

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	STD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PASKIN, SYLVIA		NAME				
STREET ADDRESS	1920 CHESTNUT AVE 203		STREET ADDRESS				
CITY-ST-ZIP	GLENVIEW, IL 60025		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PASKIN, STEVEN		NAME				
STREET ADDRESS	20152 GLACIER CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	HUNTINGTON BEACH, CA 92646		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PASKIN, RICHARD		NAME				
STREET ADDRESS	601 ELMWOOD		STREET ADDRESS				
CITY-ST-ZIP	WILMETTE, ILL 00000,		CITY-ST-ZIP				
TITLE	PVD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PASKIN, SAM		NAME				
STREET ADDRESS	1920 CHESTNUT AVE 203		STREET ADDRESS				
CITY-ST-ZIP	GLENVIEW, IL 60025		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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: *Sylvia Paskin* SYLVIA PASKIN 4/16/08 847-998 6025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #