


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 542696**  
 1. Entity Name  
 ELECTRONIC PARTS UNLIMITED, INC.



Principal Place of Business 2629 U.S. HWY. 19 HOLIDAY, FL 34691	Mailing Address 2629 U.S. HWY. 19 HOLIDAY, FL 34691
---	---

**DO NOT WRITE IN THIS SPACE**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1770769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 SATINOFF, ELLIOT R  
 2629 U.S. HWY. 19  
 HOLIDAY, FL 34690

**DO NOT WRITE IN THIS SPACE**

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:  Elliot Satinoff, President DATE: 4/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

1100000126560  
 04/23/04-80038-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SATINOFF, ELLIOT R 853 VILLAGE WAY PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SATINOFF, PHILIP E 720 VILLAGE WAY PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SATINOFF, MARTIN 605 HOLLOW RIDGE RD PALM HARBOR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  Elliot Satinoff DATE: 4/23/04 727-934-1400  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #