


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 681481					
1. Entity Name AMERICAN GENUINE AUTO-TRUCK PARTS, INC.					
Principal Place of Business 2777 NW 54TH ST MIAMI FL 33142 US		Mailing Address 3400 CORAL WAY 600 MIAMI FL 33145 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2027867	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, JUSTO L. 3400 CORAL WAY, STE 3600 MIAMI FL 33145-3053			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, JUSTO LUIS, JR.		NAME		
STREET ADDRESS	2777 N.W. 54TH STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33142		CITY- ST- ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DIAZ, MARIA CARMEN		NAME		
STREET ADDRESS	2777 N.W. 54TH STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL 33142		CITY- ST- ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MELENDI, RUTH		NAME		
STREET ADDRESS	2777 N.W. 54TH STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI FL		CITY- ST- ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-2027867**

Applied For
 Not Applicable

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

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3400 CORAL WAY, STE 3600
MIAMI FL 33145-3053

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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04/18/05-80122-005 150.00

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: Justo L. Diaz 04/14/05 (905) 446 2055
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #