


2005 FOR PROFIT CORPORATION ANNUAL REPORT


ORIGINAL FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000002927
 1. Entity Name
 TRANSAMERICAN AUTO PARTS COMPANY, INC.



Principal Place of Business Mailing Address
 801 WEST ARTESIA BLVD. 801 WEST ARTESIA BLVD.
 COMPTON, CA 90220 COMPTON, CA 90220

DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 95-2121087	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
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST ADLER, GEORGE 801 W. ARTESIA BLVD. COMPTON, CA 90220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MONGI, TIM 801 W. ARTESIA BLVD. COMPTON, CA 90220
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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: Tim Mongi **TIM MONGI, CFO** 1/12/05 310-900-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #