## **2008 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Mar 17, 2008 08:00 A **DOCUMENT # L18270 Secretary of State** U-PIĆK AUTO PARTS, INC. Principal Place of Business Mailing Address %ENRIQUE ZAMORA, ESQ. %ENRIQUE ZAMORA, ESO. 8100 NW 74TH ST 8100 NW 74TH ST MEDLEY, FL 33166 MEDLEY, FL 33166 į CR2E034 (11/05) 03132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0152939 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARTILES, RUBEN DO NOT WRITE 8100 NW 74TH ST **MEDLEY, FL 33166** 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ARTILES, RUBEN STREET ADDRESS 8130 NW 74TH ST MIAMI, FL CITY-ST-7IP MILE U00000861129 04/02/08-80088-022 158.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

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 inequired 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 a later like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

03-13-08

305-470-2831

Daytime Phone #