

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90031 039 ***150.00

DOCUMENT- # P01000060335 1. Entity Name A & M AUTOMOTIVE & USED PARTS, INC.	
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Principal Place of Business 3020 NW 23 TERRACE MIAMI, FL 33142 US	Mailing Address 3020 NW 23 TERRACE MIAMI, FL 33142 US
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94035251

DO NOT WRITE IN THIS SPACE



03202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1115965	Applied For Not Applicable
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5. Certificate of Status Desired -- ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE LA CRUZ, BERTHA B 6781 SW 105 PLACE MIAMI, FL 33173	DO NOT WRITE IN THIS SPACE
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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.

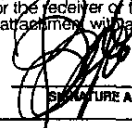
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA CRUZ, BERTHA B 6781 SW 105 PLACE MIAMI, FL 33173
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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: 	3/22/04 3056331296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #