

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000093572

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: MPM ACCESSORIES & PARTS, INC.

## Current Principal Place of Business:

6316 NW 97 AVE  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

6316 NW 97 AVE  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 56-2294656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERNARDINEZ, MARCELA  
6316 NW 97 AVE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BERNARDINEZ, RICARDO  
Address: 20900 LEEWARD CT APT 211  
City-St-Zip: MIAMI, FL 33180

Title: VP ( ) Delete  
Name: BERNARDINEZ, MARIANA  
Address: 4870 NW 102 AVE APT 102  
City-St-Zip: DORAL, FL 33178

Title: SD ( ) Delete  
Name: BERNARDINEZ, PABLO R  
Address: 20900 LEEWARD CT APT 211  
City-St-Zip: MIAMI, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BERNARDINEZ, MARIANA  
Address: 20900 LEEWARD CT APT 211  
City-St-Zip: MIAMI, FL 33180

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANA BERNARDINEZ

V.P.

01/08/2009

Electronic Signature of Signing Officer or Director

Date