

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025731

FILED  
Mar 31, 2009  
Secretary of State

Entity Name: AMERICAN PARTS CORPORATION

## Current Principal Place of Business:

10540 NW 26TH ST.  
SUITE G109  
DORAL, FL 33172

## New Principal Place of Business:

10556 NW 26TH ST.  
SUITE D102  
DORAL, FL 33172

## Current Mailing Address:

10540 NW 26TH ST.  
SUITE G109  
DORAL, FL 33172

## New Mailing Address:

10556 NW 26TH ST.  
SUITE D102  
DORAL, FL 33172

FEI Number: 45-0504563

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARCANO, MARIA PD  
7845 NW 108 AVE  
DORAL, 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: PD ( ) Delete  
Name: MARCANO, MARIA PD  
Address: 7845 NW 108 AVE.  
City-St-Zip: DORAL, FL 33178

Title: VD ( ) Delete  
Name: CHACON, HUGO J VD  
Address: 7845 NW 108 AVE.  
City-St-Zip: DORAL, FL 33178

Title: SD ( ) Delete  
Name: CHACON, ROBIN A SD  
Address: 7845 NW 108 AVE.  
City-St-Zip: DORAL, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: MARIA MARCANO

PD

03/31/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date