2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P04000097 CRAFT PARTS, INC.	'861		02-03-2006 90005 007 ***150.00
555 NE 15 S SUITE 15F MIAMI, FL 3		Mailing Address 555 NE 15 STREET VENI SUITE 15F MIAMI, FL 33132	ETIA	
2. Principal F 2801 Suite, Apt.	Place of Business NE 183 RJ St. #, etc.	3. Mailing Address 2201 NE Suite, Apt. #, gtc.	183 Rd	1
110		1102		01312006 Chg-P CR2E034 (11/05)
City & Stat		City & State A ventuki	}	4. FEI Number Applied For 20-1303775 Not Applicable
Zip	Country USIA	33160	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	, - ·, - ·		7. Name and Address of New Registered Agent
CHAVEZ,	LILIANA Q		Name	JUAN P. ALVAREZ
555 NE 15	STREET VENETIA		Street A	ddress (P.O. Box Number is Not Acceptable) J. St. No. 1105
MIAMI, FL				
City Aventuro FL 2509160				
8. The above named eptity 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. (NOTE: Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME	CHAVÉZ, LILIANA	Delete	TITLE NAME	TYPE PAINTEZ TO 1105 PAGGION ZEON NE 183 POR. St. NO 1105
STREET ADDRESS CITY-ST-ZIP	555 NE 15 STREET VENETIA MIAMI, FL 33132	_	STREET ADDRESS CITY-ST-ZIP	Aventura, FL. 33160
TITLE	VS	Oelete	TITLE	DIRECTOR GAddition
NAME STREET ADDRESS	BAUTIZTA, HUGO J 555 NE 15 STREET VENETIA		NAME STREET ADDRESS	MARIA A. REVENSA
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP	2801 NE 183 Rd St. NO 1105 Avantury, FL. 33160
TITLE NAME		☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP		П	CITY-ST-ZIP	
NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ontained in Charvey 119. Florida Statutes, Liuster certifu that the information
12. I hereby certify that the information supplied with this filling 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 required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address, with all other like empowered.				
changed	, or on an attachment with an address,	with all other like empowered.	, ,	
changed SIGNAT		with all other like empowered.	, ,	