


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000043741**

1. Entity Name  
**BEST USED AUTO PARTS, INC.**



Principal Place of Business  
**18725 FIFTH AVE.  
 ORLANDO, FL 32820**

Mailing Address  
**18725 FIFTH AVE.  
 ORLANDO, FL 32820**

**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3511494** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ZALIKHA, MOHAMAD  
 9305 SW 90 STREET  
 MIAMI, FL 33176**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re/instating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees


000000481645  
 04/11/06-80038-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZALIKHA, AHMAD N 18725 FIFTH AVE. ORLANDO, FL 32820
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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 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:  **AHMAD N. ZALIKHA** 03/23/06 (407) 568-6550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #