


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90023 014 ***150.00

DOCUMENT # P99000030851

1. Entity Name
FARR AUTOPARTS INC.



Principal Place of Business Mailing Address

7335 NW 8 STREET **7335 NW 8 STREET**
MIAMI, FL 33126 **MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

7949 NW 64 Street **7949 NW 64 Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, Florida **Miami, Florida**

Zip Country Zip Country

33166 **Miami-Dade** **33166** **Miami-Dade**



6. Name and Address of Current Registered Agent

ELO ENTERPRISES
301 CRAWFORD BLVD
201A
BOCA RATON, FL 33432

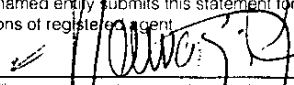
7. Name and Address of New Registered Agent

Name
Jose Lizama Farr

Street Address (P.O. Box Number is Not Acceptable)
7949 NW 64 Street

City State Zip Code
Miami **FL** **33166**

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  DATE **January 08, 2008**

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARR, JOSE LIZAMA 7335 NW STREET MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  Date **January 08, 2008** (305) 591-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #