

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90333 050 ***150.00

DOCUMENT # S80684

1. Entity Name
GLOBAL INDUSTRIAL PARTS CORP.



Principal Place of Business
15963 SW 139 ST
MIAMI, FL 33196 US

Mailing Address
15963 SW 139 ST
MIAMI, FL 33196 US

14001401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0332996

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEKLER, SUSANA
9714 SW SUGARWOOD WAY
MIAMI, FL 33196

Name
MEKLER, SUSANA

Street Address (P.O. Box Number is Not Acceptable)
15963 SW 139 ST

City
MIAMI

FL

Zip Code
33196

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 *Susana Mekler*

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 Delete
 NAME **D**
 STREET ADDRESS **MEKLER, SUSANA**
 CITY-ST-ZIP **9714 SUGARWOOD WAY**
MIAMI, FL

TITLE Change Addition
 NAME
 STREET ADDRESS **15963 SW 139 ST**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susana Mekler **SUSANA MEKLER** *4/7/04 (305) 235-8535*

Date

Daytime Phone #