

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 313776

FILED
Apr 25, 2005
Secretary of State

Entity Name: MIAMI PARTS IMPORT INC

Current Principal Place of Business:

7091 NW 51 ST
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7091 NW 51 ST
MIAMI, FL 33166 US

New Mailing Address:

FEI Number: 59-1165865 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MEDEROS, GEORGE
5157 N.W. 105 COURT
MIAMI, 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: VP () Delete
Name: MEDEROS, OSCAR
Address: 9300 SW 62 CT
City-St-Zip: MIAMI, FL 33156

Title: ST () Delete
Name: MEDEROS, GEORGE
Address: 5157 NW 105 COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEDEROS, GEORGE
Address: 5157 N.W. 105 COURT
City-St-Zip: MIAMI, FL 33178

Title: ST (X) Change () Addition
Name: MEDEROS, OSCAR
Address: 9300 S.W. 62 COURT
City-St-Zip: MIAMI, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GEORGE MEDEROS

P

04/25/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date