

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90031 009 ***150.00

DOCUMENT # 333974	
1. Entity Name ORLANDO AUTO PARTS & SERVICE INC	

Principal Place of Business 20 W. LUCERNE CIR. #609 ORLANDO, FL 32801	Mailing Address 20 W. LUCERNE CIR. #609 ORLANDO, FL 32801
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2. Principal Place of Business 1920 Chestnut Avenue	3. Mailing Address 1920 Chestnut Avenue
Suite, Apt. #, etc. # 203	Suite, Apt. #, etc. # 203

02082006 Chg-P CR2E034 (11/05)

City & State Glenview, IL	City & State Glenview, IL
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4. FEI Number 59-1220607	Applied For <input type="checkbox"/> Not Applicable
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Zip 60025	Country USA	Zip 60025	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PASKIN, SAM 20 W LUCERNE CIRCLE ORLANDO, FL 32801

7. Name and Address of New Registered Agent		
Name NRAI Services Inc.		
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4		
City Weston	State FL	Zip Code 33331

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.
NRAI Services, Inc.
 SIGNATURE: *By: Christian Eubanks* **Christian Eubanks - Asst. Secretary** **2-09-2006**
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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PASKIN, SYLVIA <input type="checkbox"/> Delete 20 W. LUCERNE CIR #609 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASKIN, STEVEN <input type="checkbox"/> Delete 20152 GLACIER CIRCLE HUNTINGTON BEACH, CA 92646
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASKIN, RICHARD <input type="checkbox"/> Delete 601 ELMWOOD WILMETTE, ILL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD PASKIN, SAM <input type="checkbox"/> Delete 20 W. LUCERNE CIR #609 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paskin, Sylvia 1920 Chestnut Ave., #203 Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paskin, Sam 1920 Chestnut Ave., #203 Glenview, IL 60025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sylvia Paskin* **Sylvia Paskin** **2/12/06** **847-998-6025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #