


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 377252
 1. Entity Name
MEDLEY AUTO PARTS, INC.



Principal Place of Business 910 S. W. 23RD ROAD MIAMI, FL 33129	Mailing Address 910 S. W. 23RD ROAD MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1381604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RENIER, CRUZ
1740 CORAL WAY, SUTIE "A"
MIAMI, FL 33145

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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 reinstating) DATE _____

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

000000450542
 03/10/06-80010-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORIHUELA, ARACELI 910 S.W. 23RD ROAD MIAMI, FL 33129,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEOANE, JORGE 122 W 52 STREET HIALEAH, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEOANE, CARIDAD 122 W 52 STREET HIALEAH, FL 0,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ORIHUELA, FELIX VALOY 910 S. W. 23RD ROAD MIAMI, FL 33129,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____