

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90018 016 \*\*\*150.00

**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



03062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1381604

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RENIER, CRUZ  
1740 CORAL WAY, SUTIE "A"  
MIAMI, FL 33145

**DO NOT WRITE  
IN THIS SPACE**

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TD  
ORIHUELA, ARACELI  
910 S.W. 23RD ROAD  
MIAMI, FL 33129

*Araceli Orihuela*

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*Araceli Orihuela*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/22/08*

Date

*305-505-1404*

Daytime Phone #