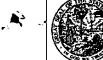
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #377252

MEDLEY AUTO PARTS, INC.



Principal Place of Business

910 S. W. 23RD ROAD MIAMI, FL 33129

Mailing Address

DO NOT WRITE IN THIS SPACE

910 S. W. 23RD ROAD MIAMI, FL 33129



04-09-2008 90018 016 ***150.00



03062008

No Chg-P

CR2E034 (11/05)

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.

(NOTE: Registered Agent signature required when reinstating)

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

}	
10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	oriHUELA, ARACELI 910 S.W. 23RD ROAD MAMI, 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-7IP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR