


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-09-2008 90018 016 ***150.00

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1. Entity Name
MEDLEY AUTO PARTS, INC.



Principal Place of Business Mailing Address

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

DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-1381604 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	ORIHUELA, ARACELI
STREET ADDRESS	910 S.W. 23RD ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	PD
NAME	SEOANE, JORGE
STREET ADDRESS	122 W 52 STREET
CITY-ST-ZIP	HIALEAH, FL 0,
TITLE	VD
NAME	SEOANE, CARIDAD
STREET ADDRESS	122 W 52 STREET
CITY-ST-ZIP	HIALEAH, FL 0,
TITLE	DS
NAME	ORIHUELA, FELIX VALOY
STREET ADDRESS	910 S. W. 23RD ROAD
CITY-ST-ZIP	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: *Araceli Orihuela* 3/22/08 305-505-1404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #