

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 403093

1. Entity Name
JV AUTO PARTS CORP.



Principal Place of Business
7423 SW 24TH ST
MIAMI, FL 33155

Mailing Address
7423 SW 24TH ST
MIAMI, FL 33155



04032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1402094
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLARREAL, EMILIO
3825 S.W. 128TH AVENUE
MIAMI, FL 33175

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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 relating) DATE _____
Signature, typed or printed name of registered agent and title (if applicable).

**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

10. OFFICERS AND DIRECTORS

TITLE P
NAME VILLARREAL, EMILIO
STREET ADDRESS 3825 S.W. 128TH AVENUE
CITY-ST-ZIP MIAMI, FL 33175

TITLE S
NAME VILLARREAL, IVONNE
STREET ADDRESS 3825 S.W. 128TH AVENUE
CITY-ST-ZIP MIAMI, FL 33175

TITLE VP
NAME VILLARREAL, DANIEL E
STREET ADDRESS 1730 SW 93 CT.
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/22/06-80076-024 150.00

**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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 (305) 261-7362
Date Daytime Phone #