

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 436024**

1. Entity Name  
RICARDO AUTO PARTS, INC.



Principal Place of Business

13205 CAIRO LANE  
OPA LOCKA, FL 33054

Mailing Address

13205 CAIRO LANE  
OPA LOCKA, FL 33054

**DO NOT WRITE IN THIS SPACE**



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1486394

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

OUTERINO, MARGARITA  
4201 W. 18TH COURT  
HIALEAH, FL 33012

**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, 2005 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

V  
MOURIZ, ALINA  
950 E. 4 ST.  
HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PS  
OUTERINO, MARGARITA  
4201 W. 18TH COURT  
HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
MOURIZ, PEDRO  
950 E. 4 STREET  
HIALEAH, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
OUTERINO, RICARDO J  
5904 W. 26 AVE.  
HIALEAH, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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03/17/05-80062-004 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Alina M. Mouriz* Vice Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-5 305-685 3073  
Date Daytime Phone #