

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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**



02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 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	V
NAME	MOURIZ, ALINA
STREET ADDRESS	950 E. 4 ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	PS
NAME	OUTERINO, MARGARITA
STREET ADDRESS	4201 W. 18TH COURT
CITY-ST-ZIP	HIALEAH, FL
TITLE	VP
NAME	MOURIZ, PEDRO
STREET ADDRESS	950 E. 4 STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	VP
NAME	OUTERINO, RICARDO J
STREET ADDRESS	5904 W. 26 AVE.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-80063-017 150.00

**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:

Alina M. Mouriz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-6 305-477-2939
Date Daytime Phone #