

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90064 012 \*\*\*150.00

**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

40013112



01262007 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 Alina M. Mouriz  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2-8-7

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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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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

2-8-7  
Date

305 685-3073  
Daytime Phone #