2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # 474783** 1. Entity Name ANGEL AUTO PARTS, INC. Principal Place of Business Mailing Address 35 N.W. 27TH AVENUE 35 N.W. 27TH AVENUE MIAMI, FL 33125 US MIAMI, FL 33125 04212004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1594894 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANCO, ANGEL, SR. DO NOT WRITE 35 N.W. 27TH AVENUE MIAMI, FL 33125 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FRANCO, ORISTELA NAME 441 N.W. 32ND CT. STREET ADDRESS CITY-ST-ZIP MIAMI,FL 00000 TITLE NAME FRANCO, ANGEL, JR. STREET ADDRESS 441 N.W. 32ND COURT CITY-ST-ZIP MIAMI,FL 00000, TITLE FRANCO, ANGEL, SR. NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 ceth; 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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

441 N.W. 32ND CT.

00000,

MIAMI,FL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGEL FULLO IN

DO NOT WRITE

IN THIS SPACE

705-643-2669

FILED

Applied For

Not Applicable