


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90059 029 ***158.75

DOCUMENT # 516874

1. Entity Name
PARTS FOR IMPORTS, INC.



Principal Place of Business Mailing Address
8000 NW 46TH CT **8000 NW 46TH CT**
FORT LAUDERDALE, FL 33351 **FORT LAUDERDALE, FL 33351**

40049330



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
161 SEBASTIAN BLVD **161 SEBASTIAN BLVD**
Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 108 **SUITE 108**
City & State City & State
SEBASTIAN FL **SEBASTIAN FL**
Zip Country Zip Country
32958 **US** **32958** **US**

02062007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-1698229 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

REESE, RICHARD T.
8000 NW 46TH CT.
LAUDERDALE, FL 33351

Name **Amy S. Wagner**
Street Address (P.O. Box Number is Not Acceptable)
8840 97TH AVE
City **VEEO BEACH** FL Zip Code **32967**

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 **Amy S. Wagner - President/Sec. - Tres. March 1, 2007**
Signature, typed, 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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REESE, RICHARD T. 8000 NW 46TH CT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST REESE, SUSANNA C. 8000 NW 46TH CT. LAUDERDALE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PTS Amy S. Wagner 8840 97TH AVE VEEO BEACH FL 32967
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP John W. Wagner 8840 97TH AVE VEEO BEACH FL 32967
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Amy S. Wagner - Amy S. Wagner 03/01/07 (772) 473-9924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #