


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90056 026 \*\*\*150.00

**DOCUMENT # 529363**

1. Entity Name  
**DELCO AUTO PARTS INC.**



Principal Place of Business  
**1020 N.E. 27TH AVE.  
 POMPANO BEACH, FL 33062**

Mailing Address  
**1020 N.E. 27TH AVE.  
 POMPANO BEACH, FL 33062**



02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**2401 ANTIGUA CIRCLE**

3. Mailing Address  
**2401 ANTIGUA CIRCLE**

Suite, Apt. #, etc.  
**SUITE A1**

City & State  
**COCONUT CREEK, FL**

City & State  
**COCONUT CREEK, FL**

Zip  
**33066**

Country  
**BROWARD**

Zip  
**33066**

Country  
**BROWARD**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, MARTIN**  
**1020 N.E. 27TH AVE.**  
**POMPANO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name  
**MITCHELL, MARTIN**

Street Address (P.O. Box Number Is Not Acceptable)  
**2401 ANTIGUA CIRCLE SUITE A1**

City  
**COCONUT CREEK**

FL Zip Code  
**33066**

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 **MITCHELL, MARTIN** *Martin Mitchell* **2/13/06**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARTIN 1020 N.E. 27TH AVE. POMPANO BEACH, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, MARTIN 2401 ANTIGUA CIRCLE SUITE A1 COCONUT CREEK, FL 33066	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Martin Mitchell Pres* **MITCHELL, MARTIN PRES** **2/13/06** **954** **971 1277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #