2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

TRAILER PARTS WAREHOUSE, INC.    Making Address   Making	ANNUAL REPORT (AR)				FILED	
BOSS N.W. 90TH ST.   MEDLEY FL 33166   Surfee, April #, etc.   MOORE   CR2E034 (11/03)   MOORE	DOCUMENT # G03218 1. Entity Name				Jan 28, 2004 08:00 AM Secretary of State	
BOSS N.W. 90TH ST.   MEDLEY FL 33166   Surfee, April #, etc.   MOORE   CR2E034 (11/03)   MOORE	Principal Plan	a of Susingss -	Maulino Aridrage	HOOM IN		
Suries, Apil. #. etc	8035 N.W. 9	90TH ST.	8035 N.W. 90TH ST.			
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Designe  Res People of Res	2. Principal Place of Business		3. Mailing Address			
Zip Country Zip Country Sip Country Sip Country Sip Country Sip Country Signature and Address of Current Registered Agent Signature and Address of New Registered Agent Time BALSEIRO, VINCENT 8035 N.W. 90TH ST.  BALSEIRO, VINCENT 8035 N.W. 90TH ST. MEDLEY FL 33166  All the above named entity submits this statement for the purpose of cranging its registered office or registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Provide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Pro	Suite, Apt. #, etc		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent  Figure  Figure  ALSEIRO, VINCENT  8035 N.W. 90TH ST.  MEDLEY FL 33166  8. The above named entity submits this statement for the purpose of changing life registered agent, or both, in the State of Florida. I am familiar with, and acceptible the obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptible obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptible obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptible obligations of registered agent, or both, in the State of Florida. I am familiar with, and acceptible obligations of registered agent and see if septeace agent agent and see if septeace agent and see	City & State		City & State		4. FEI Number 59-2220583 Applied For Not Applicable	
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BALSEIRO, VINCENT BO35 N.W. 90TH ST. MEDLEY FL 3166  City FL Zip Code  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 Plorida. I am familiar with, and accept the diagnatures of registered agent, or both, in the State of Plorida. I am familiar with, and accept the diagnatures of registered agent.  SIGNATURE  FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGEST OFFICERS AND DIRECTORS IN IT  MAKE BALSEIRO, VICENTE  SIRET ADDRESS  OTY-ST-ZP  HIALEAH FL  Delate  TITLE MAKE SIRET ADDRESS  OTY-ST-ZP  OTY-ST-ZP  TITLE MAKE SIRET ADDRESS  OTY-		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  ITILE  MAKE  SIRET ADDRESS  CITY 51-2P  TITLE  Delete  TITLE  Delet	8035 N.W. 90TH ST.				is (P.O. Box Number is Not Acceptable)	
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### May 1, 2004 Fee will be \$550.00   Make Check Payable to Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered agons	and site if applicable (NOTE	Registered Agent signature requ	fred whon reinstiting) DATE	
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12 I because gother than the information currently dust this filling does not markly for the approximate control in Capacita 12 Original Statutes and the things of the control of the con	NAME STREET ADDRESS CITY-ST-ZIP			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 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:

| SIGNATURE | SIGNATURE | SIGNATURE NO TABLE OF SIGNMIS OFFICER OR DIRECTOR | Delete | Delet