


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # G65470 1. Entity Name SAM'S USED AUTO PARTS, INC.	
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Principal Place of Business 8511 N.W. 96TH STREET MEDLEY, FL 33166	Mailing Address 8511 N.W. 96TH STREET MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2347507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MASRI, SAM, JR.
11325 SW 97TH AVE
MIAMI, FL 33156**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MASRI, OMAR 10106 SW 114TH PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MASRI, LAURISSE 11325 SW 97TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MASRI, SAM, JR. 16631 SW 149 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASRI, SAMIH JR. 16631 S.W. 149 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/04/05-80052-017 150.00

12. I hereby certify that the information supplied with this filing 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: **X**  **X 1-24-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #