



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G79166</b> 1. Entity Name PRICE - RITE AUTO PARTS CORP., INC.	
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Principal Place of Business RAVENWOOD SQUARE 4606 CLYDE MORRIS BLVD PORT ORANGE, FL 32119 US	Mailing Address 4170 NAUTILUS DRIVE MIAMI BEACH, FL 33140 US
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02142008 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-2376357	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  SHARBANI, RHONDA 4170 NAUTILUS DRIVE MIAMI BEACH, FL 33140	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHARBANI, RHONDA 4170 NAUTILUS DRIVE MIAMI BEACH, FL
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U00000840812  
03/06/08-80054-020-150.00

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: Rhonda Sharbani 2-20-08 305-672-3112

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