

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # G94587

1. Entity Name
CART PARTS, INC.



Principal Place of Business

3541 - 3561 ENTERPRISE WAY
MIRAMAR, FL 33025-904 US

Mailing Address

P O BOX 821810
PEMBROKE PINES, FL 33082-810 US



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2398049

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AHERN, TIMOTHY
2533 ROYAL PALM WAY
WESTON, FL 33327

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000084849
03/11/04-80024-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AHERN, TIMOTHY
STREET ADDRESS	2523 ROYAL PALM WAY
CITY - ST - ZIP	WESTON, FL 33327
TITLE	ST
NAME	AHERN, TIMOTHY
STREET ADDRESS	2523 ROYAL PALM WAY
CITY - ST - ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy Ahern 3/2/04 (954) 450-0737

Date

Daytime Phone #