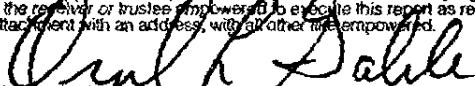


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # J56376 1. Entity Name SOUTHEAST FLORIDA PARTS, INC.		
Principal Place of Business % ORAL L. GOBLE 6626 NW 20TH AVE FT LAUDERDALE, FL 33309	Mailing Address % ORAL L. GOBLE 6626 NW 20TH AVE FT LAUDERDALE, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOBLE, ORAL L. 6626 NW 20TH AVE FT LAUDERDALE, FL 33309		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, 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	DP GOBLE, ORAL L. 11787 W ATLANTIC BLVD. #6 CORAL SPGS, FL 33071	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GOBLE, LINDA M. 117787 W ATLANTIC BLVD., #6 CORAL SPGS, FL 33071	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 information.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/28/06 Date 954-971-9550 Daytime Phone #



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0000829	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

000000410345
02/09/06-80036-001 150.00

**DO NOT WRITE
IN THIS SPACE**