
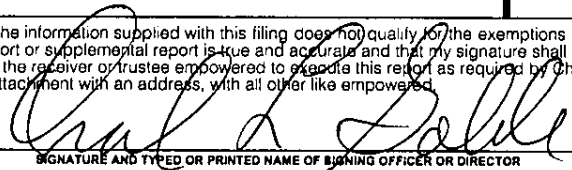


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	
NAME	GOBLE, ORAL L.	
STREET ADDRESS	11787 W ATLANTIC BLVD. #6	
CITY - ST - ZIP	CORAL SPGS, FL 33071	
TITLE	DT	
NAME	GOBLE, LINDA M.	
STREET ADDRESS	11787 W ATLANTIC BLVD #6	
CITY - ST - ZIP	CORAL SPGS, FL 33071	
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 like empowered.		
SIGNATURE: 		Date: 1/9/08 Daytime Phone #: 954-464-8461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



01052008 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

1000000790358
01/23/08-80032-003 150.00

**DO NOT WRITE
IN THIS SPACE**

954-971-9350