
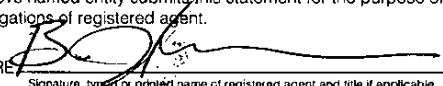
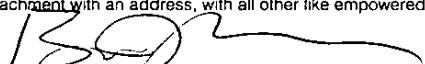


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90141 027 ***150.00

DOCUMENT # K71751 1. Entity Name E AUTO PARTS, INC.					
Principal Place of Business 9891-5 SAN JOSE BLVD JACKSONVILLE, FL 32257 US			Mailing Address P.O. BOX 56678 JACKSONVILLE, FL 32241 US		
2. Principal Place of Business - No P.O. Box # 10210 SAN JOSE BLVD		3. Mailing Address Suite, Apt. #, etc. Suite 4			
City & State _____		City & State _____		4. FEI Number 59-3023846	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HAKIMIAN, BENJAMIN S 9891-5 SAN JOSE BLVD JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 10210-4 SAN JOSE BLVD City FL Zip Code _____	
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:  DATE: 4-18-2008 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME HAKIMIAN, BAGHER STREET ADDRESS 9891-5 SAN JOSE BLVD CITY-ST-ZIP JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete		TITLE 10210-4 SAN JOSE BLVD NAME 10210-4 SAN JOSE BLVD STREET ADDRESS 10210-4 SAN JOSE BLVD CITY-ST-ZIP 10210-4 SAN JOSE BLVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4-18-2008 904-757-4000 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					