

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90273 022 \*\*\*\*50.00

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<b>DOCUMENT # L04000064010</b> 1. Entity Name <b>INTERAMERICAN PARTS &amp; EQUIPMENT, LLC</b>					
Principal Place of Business <b>5711 WEST 20TH COURT HIALEAH, FL 33016</b>			Mailing Address <b>5711 WEST 20TH COURT HIALEAH, FL 33016</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01192007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-1554643</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ATER REGISTERED AGENTS, LLC 2601 SOUTH BAYSHORE DRIVE, SUITE #600 COCONUT GROVE, FL 33133</b>			7. Name and Address of New Registered Agent Name <b>Benjamin R. Alvarez, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2151 Le Jeune Road</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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: <b>2-7-07</b>		
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RODRIGUEZ, ERNESTO M 5711 WEST 20TH COURT HIALEAH, FL 33016</b> <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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			DATE: <b>2/7/07</b> Daytime Phone #: <b>(305) 826 5044</b>		