


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90013 027 \*\*\*150.00

**DOCUMENT # L53417**  
 1. Entity Name  
**E.G. USED TRUCK PARTS, INC.**



Principal Place of Business      Mailing Address  
**12871 ALEXANDRIA DRIVE**      **12871 ALEXANDRIA DRIVE**  
**OPA LOCKA FL 33054**      **OPA LOCKA FL 33054**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For  
**65-0175687**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**GONZALEZ, EDELIO**  
**12871 ALEXANDRIA DRIVE**  
**OPA LOCKA FL 33054**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when certifying)

**FILE NOW!!! - FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDELIO	
STREET ADDRESS	12871 ALEXANDRIA DR	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	PST	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDELIO	
STREET ADDRESS	12871 ALEXANDRIA DR	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	✓	<input type="checkbox"/> Delete
NAME	Yudah Gonzalez	
STREET ADDRESS	2005 Royal Poinciana Blvd	
CITY-ST-ZIP	MIAMI SPRING FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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:**       **4/20/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #