Apr-26-06 07:18A Steve Z Oberman & Assoc. 9

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State
05-05-2006 90192 030 ***150.00

DOCUMENT # L61212

1. Entity Name

U S 1 AUTOPARTS OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
20701 EAGLE CREEK CT. BOCA RATON FL 33498 US	20701 EAGLE CREEK CT BOCA RATON FL 33498 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0189266 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOROWSKY, STEVE 20701 EAGLE CREEK CT BOCA RATON FL 33498	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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GOROWSKY, STEVEN		NAME	
STREET ADDRESS	20701 EAGLE CREEK COURT		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE	D	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	GOROWSKY, MARLENE T.		NAME	
STREET ADDRESS	20701 EAGLE CREEK COURT		STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: Steve Gorowsky Pres. 4/26/06 561-866-6749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #