


FILED
May 23, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M08315 <small>1. Entity Name</small> SAN JOSE USED AUTO PARTS, INC.	
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<small>Principal Place of Business</small> 5050 EAST 11TH AVE. HIALEAH, FL 33013	<small>Mailing Address</small> 5050 EAST 11TH AVE. HIALEAH, FL 33013
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U00000368019
05/23/05-80009-020 150.00



05182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

<small>4. FEI Number</small> 59-1735484	<small>Applied For</small> <input type="checkbox"/> Not Applicable
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>	<small>\$8.75 Additional Fee Required</small>

6. Name and Address of Current Registered Agent

**DIAZ, AMARDO
560 E 52 ST
HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE

7. 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 _____ (NOTE: Registered Agent signature required when releasing) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	<small>8. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 May Be Added to Fees	<small>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</small>
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10. OFFICERS AND DIRECTORS

<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD DIAZ, AMARDO 560 EAST 52ND STREET HIALEAH, FL 33013
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	TSD DIAZ, FRANCISCA 560 EAST 52ND STREET HIALEAH, FL 33013
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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: *Amardo Diaz* (305) 688-0383 5/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____