

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90010 016 ***150.00

DOCUMENT # M25209

1. Entity Name

PARTS OVERSEAS CORP.



Principal Place of Business

**C/O JOSE A. GARCIA
16505 LOCH NESS COURT
MIAMI LAKES, FL. 33014**

Mailing Address

**C/O JOSE A. GARCIA
16505 LOCH NESS COURT
MIAMI LAKES, FL. 33014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2616080**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, JOSE A.
16505 LOCH NESS COURT
MIAMI LAKES, FL. 33014**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **FERNANDEZ, FRANCISCO**
STREET ADDRESS **16505 LOCH NESS COURT**
CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE **VD** ☐ Delete
NAME **GARCIA, JOSE A.**
STREET ADDRESS **16505 LOCH NESS COURT**
CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE **STD** ☐ Delete
NAME **GARCIA, ILIANA**
STREET ADDRESS **16505 LOCH NESS COURT**
CITY-ST-ZIP **MIAMI LAKES, FL. 33014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Francisco Fernandez

FRANCISCO FERNANDEZ

03/07/06

(305) 633-8760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #