2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M43941

FILED Apr 30, 2004 Secretary of State

Entity Name: MAPE AUTO PARTS CORPORATION

| Current Principal Place of Business: | | e of Business: | New Principal Place of Business: | |
|---|---|--|---|---|
| 511 SW : IIRAMAR | 27 ST R, FL 33023 | US | | |
| urrent M | lailing Addre | ess: | New Mailing Addres | ss: |
| 511 SW : IIRAMAR | 27 ST R, FL 33023 | US | | |
| El Number | : 59-2756486 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| ame and | d Address of | Current Registered Agent: | Name and Address | of New Registered Agent: |
| | THLEEN | | | |
| | R, FL 33023 | US | | |
| IIRAMAR he above | R, FL 33023 | | purpose of changing its registere | ed office or registered agent, or both, |
| IIRAMAR he above the State | R, FL 33023 e named entity e of Florida. RE: | y submits this statement for the | | ed office or registered agent, or both, |
| IIRAMAR he above the State | e named entity e of Florida. RE: Electro | y submits this statement for the onic Signature of Registered Ag | | ed office or registered agent, or both, Date |
| he above the State GNATU | e named entity e of Florida. RE: Electro mpaign Financi | y submits this statement for the point of the point Signature of Registered Aging Trust Fund Contribution (). | ent | Date |
| IIRAMAR he above the State IGNATU | e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE | y submits this statement for the poinc Signature of Registered Aging Trust Fund Contribution (). CTORS: () Delete | ent | |
| IRAMAR the above the State IGNATUI ection Car FFICER ttle: ame: ddress: | e named entity e of Florida. RE: Electro mpaign Financi S AND DIRE PD (PENA, GILMA 6511 SW 271 MIRAMAR, FL | y submits this statement for the price Signature of Registered Aging Trust Fund Contribution (). CTORS: () Delete () Delete EL, () H ST. | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILMA PENA PD 04/30/2004