

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M55541

Entity Name: M. S. & L. AUTO PARTS, INC.

FILED  
Jan 08, 2007  
Secretary of State

**Current Principal Place of Business:**

1150 W MOWRY  
HOMESTEAD, FL 33030 US

**New Principal Place of Business:**

**Current Mailing Address:**

29137 SW 186 AVENUE  
HOMESTEAD, FL 33030 US

**New Mailing Address:**

FEI Number: 65-0033787      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FILIPOVIC, TERRY  
29137 SW 186 AVE  
HOMESTEAD, FL 33030 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FILIPOVIC, DZONSON  
Address: 29137 SW 186 AVE  
City-St-Zip: HOMESTEAD, FL 33030

Title: SD ( ) Delete  
Name: FILIPOVIC, TERRY  
Address: 29137 SW 186 AVE  
City-St-Zip: HOMESTEAD, FL 33030

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TERRY FILIPOVIC

SD

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date