

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 20, 2007 08:00 AM
Secretary of State**

DOCUMENT # M59412

1. Entity Name
EXPRESS TRUCK & AUTO PARTS, INC.



Principal Place of Business
**11710 NW S. RIVER DR.
BAY 102
MEDLEY, FL 33178 US**

Mailing Address
**11710 NW S. RIVER DR.
BAY 102
MEDLEY, FL 33178 US**



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0013653

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ST GEORGE, M J
1735 PONCE DE LEON BLVD
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	MNGM
NAME	VIZCAINO, JOSE L
STREET ADDRESS	7471 W 32 COURT
CITY - ST - ZIP	HIALEAH, FL 33018
TITLE	P
NAME	VIDAN, ORESTES
STREET ADDRESS	10325 SW 87 CT
CITY - ST - ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000718688
05/01/07-80030-D24 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/07 305-885-8858
Date Daytime Phone #