


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000011393**  
1. Entity Name  
**SUNSHINE USED AUTO PARTS OF MEDLEY, INC.**



Principal Place of Business      Mailing Address  
**8541 NW 96TH ST  
MEDLEY, FL 33166**      **8541 NW 96TH ST  
MEDLEY, FL 33166**

**DO NOT WRITE IN THIS SPACE**



03092005    No Chg-P    CR2E034 (10/03)

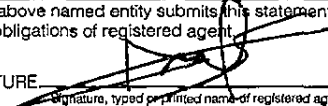
4. FEI Number      Applied For  
**65-0981114**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**MORALES, JESUS  
8541 NW 96TH ST  
MEDLEY, FL 33166**

**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:       DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing        **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

U00000263027  
03/14/05-80081-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORALES, JESUS
STREET ADDRESS	8541 NW 96TH ST
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	P
NAME	TORRES, CANDIDA
STREET ADDRESS	8541 NW 96TH ST
CITY-ST-ZIP	MEDLEY, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(f), 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:       **03/11/05**      **(305) 8843727**  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #