

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90050 020 ***150.00

DOCUMENT # P0000020988
 1. Entity Name
NEW UNIVERSITY AUTO PARTS, CORP.



Principal Place of Business: 10764 SW 24 ST, MIAMI, FL 33174
 Mailing Address: 1303 S.W. 107 AVENUE, MIAMI, FL 33174

2. Principal Place of Business: 10764 SW 24 ST, Suite, Apt. #, etc.
 3. Mailing Address: 10764 SW 24 ST, Suite, Apt. #, etc.

City & State: MIAMI FLORIDA
 Zip: 33165, Country: MIAMI-DADE



04192004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0991460
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 RODRIGUEZ, MIGUEL ANGEL
 1303 S.W. 107 AVENUE
 MIAMI, FL 33174

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE: PVST NAME: RODRIGUEZ, MIGUEL A STREET ADDRESS: 10764 SW 24TH STREET CITY-ST-ZIP: MIAMI, FL 33174	<input type="checkbox"/> Delete
TITLE: D NAME: RODRIGUEZ, MIGUEL A STREET ADDRESS: 10764 SW 24TH STREET CITY-ST-ZIP: MIAMI, FL 33174	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Miguel A. Rodriguez MIGUEL A. RODRIGUEZ 4/20/04 305-551-8516
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #