

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000031389

Entity Name: UNIT PARTS, INC.

FILED
Mar 16, 2008
Secretary of State

Current Principal Place of Business:

11277 W ATLANTIC BLVD
102
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

11277 W ATLANTIC BLVD
102
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0995239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAS, EDUARDO
11277 W ATLANTIC BLVD
102
CORAL SPRINGS, FL 33071 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: PD () Delete
Name: MAS QUERALT, EDUARDO E
Address: 11277 W ATLANTIC BLVD APT 102
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD (X) Delete
Name: LARA, JUAN M
Address: 10750 NW 66TH ST., #306
City-St-Zip: DORAL, FL 33178

Title: S (X) Delete
Name: MAS, GRACIELA J
Address: 11277 W ATLANTIC BLVD APT 102
City-St-Zip: CORAL SPRINGS, FL 33071

Title: T (X) Delete
Name: LUZIANI, ROBERTA
Address: 10750 NW 66TH ST. #306
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: EDUARDO E. MAS

PD

03/16/2008

Electronic Signature of Signing Officer or Director

_____ Date