


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90042 006 \*\*\*150.00

<b>DOCUMENT # P00000069652</b> 1. Entity Name <b>BETTER QUALITY PARTS, INC.</b>					
Principal Place of Business <b>5425 N.W. 82 AVE. DORAL, FL 33166</b>			Mailing Address <b>5425 N.W. 82 AVE. DORAL, FL 33166</b>		
2. Principal Place of Business - No P.O. Box # <b>2500 NW 79 AVE</b>		3. Mailing Address <b>2500 NW 79 AVE</b>			
Suite, Apt. #, etc. <b>285</b>		Suite, Apt. #, etc. <b>285</b>			
City & State <b>DORAL FL</b>		City & State <b>DORAL FL</b>		4. FEI Number <b>65-1026976</b>	
Zip <b>33122</b>		Country <b>MIAMI DADE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33122</b>		Country <b>MIAMI DADE</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HIGUERA, LUIS A 5425 N.W. 82 AVE. DORAL, FL 33166</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGUERA, LUIS ALBERTO 5425 N.W. 82 AVE. DORAL, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Change</del> <input type="checkbox"/> Addition <b>2500 NW 79 AVE STE 285 DORAL FL 33122</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABOGAL, MANUEL JOSE 5425 N.W. 82 AVE. DORAL, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIGUERA, ANDRES ALBERTO 5425 N.W. 82 AVE. DORAL, FL 33166		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGUERA, ADOLFO MAYOR 5425 N.W. 82 AVE. DORAL, FL 33166		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"/> Delete		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"/> Delete		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 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			Date <b>1-17-07</b> Daytime Phone #		