

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90488 050 ***150.00

DOCUMENT # P00000074626

1. Entity Name
INTERCHANGE PARTS, INC.



Principal Place of Business

**13501 SW 128 ST
UNIT 103
MIAMI, FL 33186**

Mailing Address

**13501 SW 128 ST
UNIT 103
MIAMI, FL 33186**

2. Principal Place of Business

8524 NW 61TH STREET

Suite, Apt. #, etc.

3. Mailing Address

8524 NW 61TH STREET

Suite, Apt. #, etc.



02032005

Chg-P

CR2E034 (10/03)

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-1029712

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MEDINA, JUAN C
13501 SW 128 ST
UNIT 103
MIAMI, FL 33186**

7. Name and Address of New Registered Agent

Name **MEDINA JUAN C**

Street Address (P.O. Box Number is Not Acceptable)

8524 NW 61TH STREET

City **MIAMI**

FL

Zip Code

33166

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]

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MEDINA, JUAN C**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **MEDINA, DIEGO**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **SANCHEZ-GADEO, MARIA J**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **BELIZARIO, JOSE T**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **BELIZARIO, TEMISTOCLE**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

TITLE **D** ☐ Delete
NAME **BELIZARIO DE MANUNTA, ELENA D**
STREET ADDRESS **8524 NW 61ST ST**
CITY-ST-ZIP **MIAMI, FL 33166**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #