


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000018286	
1. Entity Name OCARGO PARTS EXPRESS CORP.	

Principal Place of Business 7600 NW 15TH STREET PEMBROKE PINES, FL 33024	Mailing Address 7600 NW 15TH STREET PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE

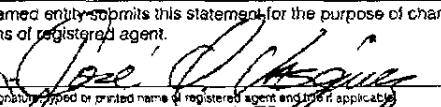


04292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1076912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VASQUEZ, OSCAR 7600 NW 76TH ST. PEMBROKE PINES, FL 33024
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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  <small>Signature typed or printed name of registered agent and fee if applicable</small>	(NOTE: Registered Agent signature required when re-registering) 04/28/06 <small>DATE</small>

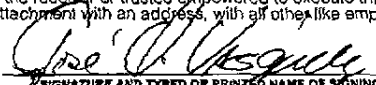
**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VASQUEZ, OSCAR 7600 NW 15ST PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAZQUEZ, CARLOS 7600 NW 15ST PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, GLORIA 7600 NW 15 STREET PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000560606
05/18/06-80046-011 150.00

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	04/28/06 (305) 3351772 <small>Date Daytime Phone #</small>