

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90047 032 ***150.00

DOCUMENT # P01000034121					
1. Entity Name BRAKE & GASKET SUPPLY, CORP.					
Principal Place of Business 9092 NW SOUTH RIVER DR SUITE #50 MIAMI, FL 33166			Mailing Address 9092 NW SOUTH RIVER DR SUITE #50 MIAMI, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1098605	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FARRA, JUDITH DAI - CPA 1465 NW 97 AVE MIAMI, FL 33172			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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relocating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	ALVAREZ LOPEZ, WILLIAM A	NAME	ALVARADO LOPEZ, WILLIAM ALBERTO		
STREET ADDRESS	9092 NORTHWEST SOUTH RIVER DRIVE - UNIT 50	STREET ADDRESS			
CITY-ST-ZIP	MEDLEY, FL 33166	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GONZALEZ DE CASTRO, JOSE ANTONIO	NAME			
STREET ADDRESS	9092 NORTHWEST SOUTH RIVER DRIVE - UNIT 50	STREET ADDRESS			
CITY-ST-ZIP	MEDLEY, FL 33166	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(f), 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 807, 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: William A. Alvarado L.			Date: January 10/2005 786-3574043		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					