2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

1091 NW 22ND STREET MIAMI FL 33127

DOCUMENT # P01000064381

1. Entity Name

Principal Place of Business

1091 NW 22ND STREET MIAMI FL 33127

DOWNTOWN USED AUTO PARTS, INC.

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FILED May 05, 2004 8:00 am Secretary of State

05-05-2004 90240 048 ***150.00

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Suite. Apr. #, etc. Amoorie Cr2e034 (11/03) Applied for Not Applicable Applied for Not Applicable Not Applicab							1881 - Herri Hari (1886) (l. 1881)	A FELIX COUR BATH E		EEI II IEEI	
City & State City & State City	2. Principal Pl	ace of Business	3. Mailing Address								
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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHAVEZ, RAMIRO 10300 SW 19TH STREET MIAMI FL 33165 City City City FL Zip Code Potter Signatus squared elem nuclearing Date FL Zip Code Date FL Zip Code Date FL Zip Code Date FL Zip Code Date Date FL Zip Code Potters Address (P.O. Box Number is Not Acceptable) Date FL Zip Code Date Date FL Zip Code Potters Address (P.O. Box Number is Not Acceptable dependence of potters and accept in the size of potters and	City & State)	City & State			4. FEI Numbe	65-111940)6			
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CHAVEZ, RAMIRO 10300 SW 19TH STREET MIAMI FL 33165 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the pripose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. FILE:NOW!!!: FEE IS: \$150.00! After May 1; 2004 Fee will be \$550.00! Make Chack Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND D		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. SIGNATUR	1030	OO SW 19TH STREET	Str	Street Address (P.O. Box Number is Not Acceptable)							
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Street Address		Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent	signature required	when reinstating)		DATE			
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12. Thereby 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			- AL' - 60'		L		O FL 11 5: 1	1.0		,	

2. 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;

TELEBRACOF SIGNING OFFICER OR DIRECTOR

4/19/04

305 - 3240600 Dayline Phone #