2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P	DOCUMENT # P02000022264 1. Entity Name HONDA JAPON AUTO PARTS, INC.					01-17-2006 90236 019 ***150.00			
Suite, Apt. #, etc. Suite City & State City & State City & State A FEI Number 74-3032196	14640 BULL RUN RD.		14640 BULL RUN RD.						11 48 1 # 1 24 1
City & State City & FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submiss this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of registered agent, or both, in the State of Florida. Furn furnities with, and acceptable in the obligations of Florida in the	2. Principal Place of Business		3. Mailing Address						
TA-3032196	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01052006	Chg-P	CR2E034 (11/05)		
6. Name and Address of Current Registered Agent 7. Name and Address of Wer Registered Agent 148AQ BULL RUN RD. HIALEAH, FL 33014 City FL Zip Code	City & State		City & State				196		
Name ARA AGUSTIN FERNANDO	Zip	Country	Zip Cour		try	5. Certificate of	Status Desired		
FERNANDO, AUGUSTIN L 14640 BULL RUN RD. HIALEAH, FL 33014 City FL Zip Code	Namo 4								
HIALEAH, FL 33014 City FL Zip Code					ZAKA, AGUS IIN TEKNANDO				
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. A GUSTI									
THE NOWILIT FEE IS \$150.00 After May 1, 2006 Fee will be \$50.00 10. OFFICERS AND DIRECTORS ITILE PVST FERNANDO, LÀRA AGUSTIN FERRANDO, LÀRA AGUSTIN HAGO BULL RUN RO. GIY-51-2P ITILE STREET ADDRESS CITY-51-2P ITILE Delde ITILE MAKE SIRRET ADDRESS CITY-51-2P ITILE Delde ITILE MAKE SIRRET ADDRESS CITY-51-2P ITILE Delde ITILE MAKE SIRRET ADDRESS CITY-51-2P ITILE Delde ITILE MAKE SIRRET ADDRESS CITY-51-2P ITILE Delde ITILE MAKE SIRRET ADDRESS CITY-51-2P SIRRET ADDRESS SIRRET ADDRE					,	FL			
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ITILE NAME STREET ADDRESS CITY-ST-2P TILE NAME	10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFIC	CERS AND DIRECTORS	S IN 11
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS S	TITLE NAME STREET ADDRESS	PVST FERNANDO, LARA AGUSTIN 14640 BULL RUN RD.		TITLE NAME STREE	ET ADDRESS				Addition
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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	NAME STREET ADDRESS CHY-ST-ZIP			name Strei City-	ET ADDRESS ST-ZIP	i Olasia			Addition

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementally eport 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 tristage exprowered 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 address, with all other like empowered.

SIGNATURE:

NATURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-9-06 305.582.62