2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000034148

1. Entity Name
P.S. AUTO AIR PARTS, INC.

Principal Place of Business	Mailing Address
12441 S.W. 188TH ST. MIAMI, FL 33134	12441 S.W. 188TH ST. MIAMI, FL 33134

DO NOT WRITE IN THIS SPACE

03082005   No Chg-P   CR2E034 (10/03)

4. FEI Number 02-0579775	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PINO, JOSE A
12441 S.W. 188TH ST.
MIAMI, FL 33134

DO NOT WRITE 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 _____

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

U000000269848
03/19/05-80027-019 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	PINO, JOSE A
STREET ADDRESS	12441 S.W. 188TH ST.
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	SD
NAME	ROJAS, SANTIAGO
STREET ADDRESS	12441 S.W. 188TH ST.
CITY-ST-ZIP	MIAMI, FL 33134

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   3-16-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #