

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90097 016 \*\*\*150.00

**DOCUMENT # P02000041584**

1. Entity Name  
**INTERAMERICAN AUTO PARTS DISTRIBUTORS, INC.**



Principal Place of Business  
**1010 SULTAN AVE  
OPA LOCKA, FL 33054**

Mailing Address  
**1010 SULTAN AVE  
OPA LOCKA, FL 33054**

**60028661**



04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business  
**14610 NW 26 AVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**14610 NW 26 AVE**  
Suite, Apt. #, etc.

City & State  
**OPA LOCKA, FL**

City & State  
**OPA LOCKA, FL**

4. FEI Number  
**27-0008720**

Applied For  
Not Applicable

Zip  
**33054** Country  
**USA**

Zip  
**33054** Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**CAMERO, NEYBO  
1010 SULTAN AVENUE  
OPA LOCKA, FL 33054**

**7. Name and Address of New Registered Agent**

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

*Neybo Camero*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

**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  
CAMERO, NEYBO  
1010 SULTAN AVENUE  
OPA LOCKA, FL 33054** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
JOSE MALAVEZ  
16420 NW 35 AVE  
MCO, FL 33160** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Change ☐ Addition

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:

*Neybo Camero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/06**

Date

**(305) 453-0516**

Daytime Phone #