


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000048426 1. Entity Name PARTS TRADING & SERVICES, INC.	
-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 2100 BEACON HILL CT CASSELBERRY, FL 32707	Mailing Address 2100 BEACON HILL CT CASSELBERRY, FL 32707
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04062006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3661429	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------------------------------------------	---------------------------------------

6. Name and Address of Current Registered Agent BRUMER, BARRY N ESQ 5728 MAJOR BLVD STE 311 ORLANDO, FL 32819

**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.

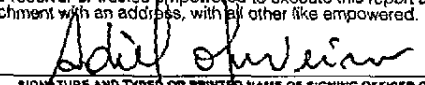
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000501283 04/25/06-80057-003 158.75
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DE OLIVEIRA, ADIEL M 2100 BEACON HILL CT CASSELBERRY, FL 32707
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	
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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	04/06/06 Date	Daytime Phone # _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------	-----------------------