

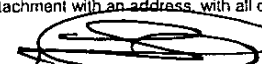


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034017 1. Entity Name ADVANCE TRUCK PARTS INC.						FILED 06 FEB -8 PM 4: 08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054				Mailing Address 12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 30-0162172				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GARCIA, GEORGINA 12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054				7. Name and Address of New Registered Agent Name Lazaro Borrego Street Address (P.O. Box Number is Not Acceptable) 804 East 28th Street City Hialeah FL Zip Code 33013			
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, 2006 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, PEDRO 12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Lazaro Borrego 804 East 28th Street Hialeah, FL 33013 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GARCIA, GEORGINA 12760 ALEXANDRIA DRIVE OPALOCKA, FL 33054 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  LAZARO BORREGO (PRESIDENT) 02/01/06 (305) 687-4727							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							