

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**



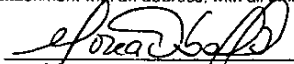
**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90287 018 \*\*\*150.00

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03142005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P03000064221</b>			
1. Entity Name MIAMI SPARE PARTS, INC.			
Principal Place of Business 8120 GENEVA COURT #D553 MIAMI, FL 33166		Mailing Address 8120 GENEVA COURT #D553 MIAMI, FL 33166	
2. Principal Place of Business 9920NW 44th Terrace Suite, Apt. #, etc. #104 City & State Miami, FL Zip 33178 Country		3. Mailing Address 9920NW 44th Terr Suite, Apt. #, etc. #104 City & State Miami Zip 33178 Country	
4. FEI Number 13-4254337		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 DIAZ, MIGUEL 8120 GENEVA COURT #D553 MIAMI, FL 33166		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:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 OBALLOS, GLORIA 8120 GENEVA COURT #D553 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, MIGUEL 8120 GENEVA COURT #D553 MIAMI, FL 33166 <input 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 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:  Gloria Oballos		05/25/05 786-381-1014	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	