

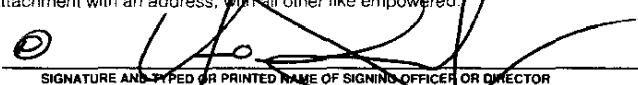
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90006 007 ***150.00

DOCUMENT # P03000096245 1. Entity Name A. SANCHEZ TRACTOR PARTS, INC.					
Principal Place of Business 9201 SW 167 CT MIAMI FL 33191			Mailing Address 9201 SW 167 CT MIAMI FL 33191		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip 33196 Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip 33196 Country		
4. FEI Number 41-2108209				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				MOORE CR2E034 (11/03)	
6. Name and Address of Current Registered Agent SANCHEZ, ARSENIO 9201 SW 167 CT MIAMI FL 33191			7. Name and Address of New Registered Agent Name Arsenio Sanchez Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33196		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PVST SANCHEZ, ARSENIO Arsenio Sanchez ☐ Delete 9201 SW 167 CT MIAMI FL 33191		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 305-9263356

Date Daytime Phone #