2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119883

1. Entity Name
MULTIPARTS SERVICES, INC.

Principal Place of Business
2953A HANSON STREET
FT MYERS, FL 33916-7507 US

Mailing Address
2953A HANSON STREET
FT MYERS, FL 33916-7507

02012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0800854 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SAN MARTIN, SANTIAGO R
13611 PARKCREST BLVD
1228
FORT MYERS, FL 33912

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 _____
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SAN MARTIN, SANTIAGO
STREET ADDRESS	13611 PARKCREST BLVD #1228
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	V
NAME	SAN MARTIN, MARISOL
STREET ADDRESS	13611 PARKCREST BLVD #1228
CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	S
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STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/01/06-80016-012 150.00

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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] 4/4/06 239-332-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #