

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90087 008 \*\*\*150.00

<b>DOCUMENT # P04000067436</b>	
1. Entity Name <b>REMEDIOS USED PARTS EXPORT &amp; WELDING CORP.</b>	



Principal Place of Business <b>4403 NW 36 AVE. MIAMI, FL 33029</b>	Mailing Address <b>4403 NW 36 AVE. MIAMI, FL 33029</b>
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**20014543**

2. Principal Place of Business <b>3115 NW 97 street</b>	3. Mailing Address <b>3115 NW 97 street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami, FL 33147</b>	City & State <b>Miami, FL</b>
Zip <b>33147</b>	Country <b>USA</b>

02162005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-1040920</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>REMEDIOS, REYNALDO 270 NW BLVD. MIAMI, FL 33126</b>	
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7. Name and Address of New Registered Agent	
Name <b>Remedios, Reynaldo</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3115 NW 97 street</b>	
City <b>Miami</b>	FL Zip Code <b>33147</b>

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 <b>Reynaldo Remedios</b>	<b>Reynaldo Remedios, President</b> <b>2-16-05</b>

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P REMEDIOS, REYNALDO 270 NW BLVD. MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Remedios, Reynaldo 3115 NW 97 street Miami, FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REMEDIOS, REYNALDO JR. 270 NW BLVD. MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Remedios, Reynaldo Jr 3115 NW 97 street Miami FL 33147 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: <b>Reynaldo Remedios</b>	<b>Reynaldo Remedios</b> <b>2-16-05</b> <b>786-553-1150</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>President</b> Date Daytime Phone #	