E-Bitty Characteristics of Burley PARTS EXPORT & WELDING CORP.      Principal Fibers of Burleyses     MANG, IT, 33147     Mang, Additions     MANG, IT, 33147	2006 FOR PROFIT CORPORATION ANNUAL REPORT				FILED Apr 28, 2006 08:00 AM	
3115. NV 97 STREET       3115. NV 97 STREET         MAMR, FL 33147       MAMR, FL 33147         DO NOT WRITE IN THIS SPACE       03222000         No. Chy-P.       GR2E034 (1105)         -1. The anal and Address of Current Registered Agent       20-1040620         -1. The Max and Address of Current Registered Agent       DO NOT WRITE IN THIS SPACE         REMEDICS, REYNALDO S116, NW 97 STREET       DO NOT WRITE IN THIS SPACE         MAMR, FL 33147       DO NOT WRITE IN THIS SPACE         N. The Burn and Address of Current Registered Agent       REMEDICS, REYNALDO S116, NW 97 STREET         MAMM, FL 33147       DO NOT WRITE IN THIS SPACE         Stream and Address of Current Registered Agent       REMEDICS, REYNALDO S116, NW 97 STREET         MAMM, FL 33147       DO NOT WRITE IN THIS SPACE         Stream and Address agent and the purpose of changing the registered Agent on registered Agent, or both, in the State of Forida. Lan Berniet with, end acce         The change and the purpose agent agent agent agent on the purpose of changing Pharming       \$5.00 Mm Ba         Stream agent	1. Entity Nam	6			Secretary of State	
DO NOT WRITE IN THIS SPACE      10322200     10 Chg.P     GR2E034 (11/05)      GR2E034 (	3115 NW 97	STREET	115 NW 97 STREET		F FANNS MAT SIS MANIN KENSI MANIN MANIN MANIN MANIN KANIN KANA MANIN MENUMAK 11 PANA	
PEMEDIOS, REYNALDO 3115 NW 97 STREET MIAMI, FL 33147   DO NOT WRITE IN THIS SPACE   . The above named only submits this alatement for the purpose of changing its registered office or registered agent, or both, in the State of Fortida. Lean lemiliar with, and seco is objections of registered agent.  SIGNATURE  SIGNATURE  FILE NOWITH FEE IS \$150.00  . Election Campaign Financing  Stoded to Fees  Confricters and edited agent and the 3 agencars.  IDE Ingeneral Agent signals and only submits the state of Fortida. Lean lemiliar with, and seco is objection of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  . Election Campaign Financing  To.  OFFICERS AND DIRECTORS  INF.  REMEDIOS, REYNALDO SIGNATURE  REMEDIOS, REYNALDO SIGNATURE SIGNATURE SIG	D	O NOT WRITE I	n This Spa	CE	03222006         No Chg-P         CR2E034 (11/05)           4. FEI Number         Applied For 20-1040920         Applied For Not Applice           5. Certificate of Status Desired         \$8.75 Additional	
It is obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  PILE NOWILI FEE IS \$150.00  After May, 1, 2006 Fee will be \$5550.00  P. Election Campelion Financino Trust Fund Contribution  Added to Fees  10.  OFFICERS AND DIRECTORS  10.  OFFICERS AND DIRECTORS  115 NV97 STREET  05./10./06-80102-011 150, 00  U000000542540  05./10./06-80102-011 150, 00  U000000542540  05./10./06-80102-011 150, 00  ITTLE  S REMEDIOS, REYNALDO JR. STREET OFFICERS  DO NOT WRITE IN THIS SPACE  OFFICERS  DO NOT WRITE IN THIS SPACE  ITTLE NMA STREETAORESS C017-51-2P  TILE MME STREETAORESS C017-51-2P  TILE STREETAORESS C017-5	3115 NW	S, REYNALDO	stered Agent		_	
TITLE       S         NAME       REMEDIOS, REYNALDO JR.         STRETADRESS       3115 NW 97 STREET         MIAMI, FL 33147       MIAMI, FL 33147         TILE       MAMM.         STRETADRESS       DO NOT WRITE         ITT-ST-2P       DO NOT WRITE         ITT-ST-2P       IN THIS SPACE         TITLE       NAME         STRETADRESS       IN THIS SPACE         TITLE       IN THIS SPACE         TITLE       STRETADRESS         TITLE       STRETADRESS         STRETADRESS       IN THIS SPACE         TITLE       STRETADRESS         STRETADRESS       IN THIS SPACE         TITLE       NAME         STRETADRESS	SIGNATURE . Fil After M 10. INILE NAME	Signature. typed or printed nerre of registered agent and she E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 OFFICERS AND DIRE P REMEDIOS, REYNALDO	9. Election Campaign Fina Trust Fund Contribution	ncing _ \$5	5.00 May Be dded to Fees	
STREET ADDRESS       DO NOT WRITE         CITY-ST-2IP       DO NOT WRITE         TITLE       NAME         STREET ADDRESS       CITY-ST-2IP         TITLE       NAME         STREET ADDRESS       CITY-ST-2IP         TITLE       STREET ADDRESS         CITY-ST-2IP       TITLE         NAME       STREET ADDRESS         CITY-ST-2IP <td< td=""><td>CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE</td><td>MIAMI, FL 33147 S REMEDIOS, REYNALDO JR. 3115 NW 97 STREET</td><td></td><td></td><td>05/10/06-80ÌO2-011 150.00</td></td<>	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI, FL 33147 S REMEDIOS, REYNALDO JR. 3115 NW 97 STREET			05/10/06-80ÌO2-011 150.00	
NAME         STREET ADDRESS         CITY-ST-ZIP         TIRCE         NAME         STREET ADDRESS         CITY-ST-ZIP         TIRCE         NAME         STREET ADDRESS         CITY-ST-ZIP         12. Thereby 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 directer 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 chapter 607.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				· • • • • • • • • • • • • • • • • • • •	
	NAME STREET ADDRESS CITY-57-ZIP THTLE NAME STREET ADDRESS					
	12. I hereby indicated of the co changed	X	filing does not qualify for the av and accurate and that my signs ed to execute this report as requ at other like empowered.	emptions containe ature shall have the lired by Chapter 60	the d in Chapter 119, Fiorida Statutes. Hurther certify that the information esame legal effect as if made under outly, that I am an officer or direct 507, Florida Statutes; and that my name appears in Block 10 or Block 1 4-26-06 (786) $553-1150$	

. . ·