

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90049 013 \*\*\*158.75

<b>DOCUMENT # P04000095705</b> 1. Entity Name <b>AUTO PARTS EXPORT, CORP.</b>			
Principal Place of Business <b>1095 W. 77TH STREET STE. 102 HIALEAH, FL 33014</b>		Mailing Address <b>1095 W. 77TH STREET STE. 102 HIALEAH, FL 33014</b>	
2. Principal Place of Business <b>17901 NW 68 AVE</b> Suite, Apt. #, etc. <b>T-206</b>		3. Mailing Address <b>17901 NW 68 AVE</b> Suite, Apt. #, etc. <b>T-206</b>	
City & State <b>Miami, FL</b> Zip <b>33014</b>		City & State <b>Miami, FL</b> Zip <b>33014</b>	
Country <b>USA</b>		Country <b>VIA</b>	
4. FEI Number <b>20-1278895</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PACHON, JESUS 1095 W. 77TH STREET STE. 102 HIALEAH, FL 33014</b>		7. Name and Address of New Registered Agent Name <b>LUGO ROBERTO</b> Street Address (P.O. Box Number is Not Acceptable) <b>17901 NW 68 AVE. # T-206</b> City <b>FL</b> 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>03/31/05</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUGO, ROBERTO 1095 W. 77TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PACHON, JESUS 1095 W. 77TH STREET HIALEAH, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ARENAS JACK DEMPSEY 17901 NW 68 AVE # T-206 MIAMI, FL 33014	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 addressee, with all other like empowered.			
SIGNATURE:		3/31/05 786-710-1221	
<small>SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	