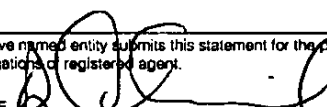


FILED
Jun 03, 2005 8:00 am
Secretary of State

05-04-2005 90129 022 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000109840			
1. Entity Name QUALITY AIR PARTS INC			
Principal Place of Business 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126		Mailing Address 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126	
2. Principal Place of Business 7955 NW 12TH STREET		3. Mailing Address 7955 NW 12TH STREET	
Suite, Apt. #, etc. SUITE 400		Suite, Apt. #, etc. SUITE 400	
City & State DORAL, FL		City & State DORAL, FL	
Zip 33126	Country USA	Zip 33126	Country USA
4. FEI Number 20-1444443		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAPONICK, EVELYN 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name EVELYN CHAPONICK Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12TH STREET SUITE 400 City DORAL FL Zip Code 33126	
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  DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PSTD CHAPONICK, DORE 7925 NW 12 STREET SUITE 407 MIAMI, FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DORE CHAPONICK 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		Date _____ Daytime Phone # _____	