2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 12, 2006 08:00 AN Secretary of State DOCUMENT # P04000121041 1. Entity Name ONE USED AUTO PARTS, INC. Principal Place of Business Mailing Address 4801 S 50TH ST 4801 S 50TH ST TAMPA, FL 33619-9512 TAMPA, FL 33619-9512 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1569982 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORES, JUAN DO NOT WRITE 4801 S 50TH ST TAMPA, FL 33619-9512 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. 5/09-06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME FLORES, JUAN 4801 S 50TH ST STREET ADDRESS CiTY-ST-ZIP TAMPA, FL 336199512 U00000564742 '20/06-80088-008 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-\$T-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 And Types or Printed Name of SIGNING OFFICER OR DIRECTOR | Date | Date

CITY-ST-ZIP