

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000129937

Entity Name: LOWRIDER AUTO PARTS INC

FILED
Dec 06, 2005
Secretary of State

Current Principal Place of Business:

7500 N W 54 STREET
MIAMI, FL 33024 US

New Principal Place of Business:

Current Mailing Address:

7500 N W 54 STREET
MIAMI, FL 33024 US

New Mailing Address:

FEI Number: 56-2540204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALMAU, LAURO F
2201 N W 75 WAY
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, LUIS A
Address: 2201 N W 75 WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP () Delete
Name: DALMAU, LAURO F
Address: 2201 N W 75 WAY
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DALMAU, LAURO
Address: 17555 COLLINS AVE APT# 2305
City-St-Zip: SUNNY ISLES BCH, FL 33160 US

Title: STD (X) Change () Addition
Name: DALMAU, MELISSA A
Address: 7036 NW 169 STREET
City-St-Zip: MIAMI, FL 33015 US

Title: VPD () Change (X) Addition
Name: DALMAU, FERNANDO
Address: 17555 COLLINS AVE APT#2305
City-St-Zip: SUNNY ISLES BCH, FL 33160

Title: VPD () Change (X) Addition
Name: FINK, STEVE
Address: 7500 NW 54 STREET
City-St-Zip: MIAMI, FL 33166

Title: VPD () Change (X) Addition
Name: RUIZ, LUIS
Address: 7500 NW 54 STREET
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA DALMAU

STD

12/06/2005

Electronic Signature of Signing Officer or Director

Date