## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Aug 09, 2007 8:00 am Secretary of State DOCUMENT # P05000015039 1. Entity Name 08-09-2007 90053 005 \*\*\*158.75 GLOBAL PARTS AND EQUIPMENT, INC. Principal Place of Business Mailing Address 765 SW 13 ST 765 SW 13 ST HOMESTEAD, FL 33034 HOMESTEAD, FL 33034 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07262007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 20-2249086 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRANTES, JORGE F Street Address (P.O. Box Number is Not Acceptable) 30420 S DIXIE HWY HOMESTEAD, FL 33030 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PRESIDENT JIMENEZ EDFAR E. 305145W157COURT TITLE D Delete TITLE Change Addition NAME JIMENEZ, EDGAR E NAME STREET ADDRESS 30514 SW 157 COURT STREET ADDRESS EISURE CITY FLORIDA 3 3033 CITY-ST-ZIP LEISURE CITY, FL 33033 CITY-ST-ZIP D TITLE ☐ Delete Change LASQUES, EnilsA VELASQUEZ, EMILSA A NAME 305 14 SW157 POURT STREET ADDRESS 30514 SW 157 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEISURE CITY, FL 33033 1502E ( ICE - PRESIDE TITLE Delete TITLE VELASQUEZ, DAVID E E /AS QUEZ, DAVID NAME NAME STREET ADDRESS 765 SW 13 ST 7655413 STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33034 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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

DATE: 7/23/2007

FILED