

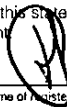
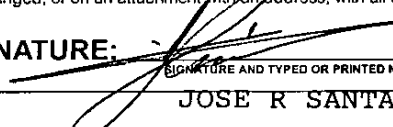


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90165 034 \*\*\*150.00

<b>DOCUMENT # P05000024287</b> 1. Entity Name <b>S &amp; L CHROME SHOP AND TRUCK PARTS, INC.</b>					
Principal Place of Business <b>258 E 3 ST HIALEAH, FL 33010</b>			Mailing Address <b>258 E 3 ST HIALEAH, FL 33010</b>		
2. Principal Place of Business <b>2325 SE 8 PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>2325 SE 8 PLACE</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>20-2351017</b>	
Zip <b>33990</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LORENZO, FAVIO 258 E 3 ST HIALEAH, FL 33010</b>				7. Name and Address of New Registered Agent Name <b>LORENZO FAVIO</b> Street Address (P.O. Box Number is Not Acceptable) <b>351 E 13 ST</b> City <b>HIALEAH</b> <b>FL</b> Zip Code <b>33010</b>	
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  <b>FAVIO LORENZO</b> <b>3/4/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SANTANA, JOSE R 258 E 3 ST HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	2325 SE 8 PLACE CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LORENZO, FAVIO 611 NE 4 PL HIALEAH, FL 33010	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	351 E 13 ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>3/4/06</b> <b>239-334-7773</b> <small>Date Daytime Phone #</small>		
<b>JOSE R SANTANA PRESIDENT</b>					