2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2007 8:00 am Secretary of State 03-15-2007 90024 027 ***158.75

DOCUMENT # P05000035157

DISPATCH AUTO PARTS II, INC.													
Principal Place of Business 305 ROOSEVELT ROAD E. ROCHESTER, NY 14445 US			30	Mailing Address 305 ROOSEVELT ROAD E. ROCHESTER, NY 14445 US							. . 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111 111	1111	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03112007 Chg-P CR2E034 (12/06)					
City & State				City & State				4. FEI Numbe 20-249			l	pplied For ot Applicable	
Zip	Zip Country		Z	Zíp Coun		ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current							7. Name and Address of New Registered Agent						
ODERATORE FINANCIAL COOLIN INC				Name									
GREENTREE FINANCIAL GROUP, INC 555 S. POWERLINE ROAD POMPANO BEACH, FL 33069							Street Address (P.O. Box Number is Not Acceptable)						
,								FL Zip Code					
The above named entity submits this statement for the purpose of changing its register						City ed office or	register	red agent, or bo	th, in the State o			, and accept	
	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: Registere							re required	d when reinstating)		DATE			
FILI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 7 Fee will be \$55	0.00	9. Election Campa Trust Fund Con			\$5. Add	.00 May Be led to Fees					
10.		OFFICERS A	ND DIREC	TORS	11.	·	,	ADDITIONS	CHANGES TO	OFFICERS A			
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NAME STREET ADDRESS CITY-ST-ZIP	COLLURA, ANTHONY 305 ROOSEVELT ROAD E. ROCHESTER, NY 14445					NAME STREET ADDRESS CITY-ST-ZIP							
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12. I hereby 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. SIGNATURE:													
SIGNAT	URE: _	SIGNATURE AND TYPED	OR PRINTED	NAME OF SIGNING OFFICE	R OR DIREC	TOR Y	L -	7 60	JUN1 Date	<u> </u>	Daytime Phone		
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